

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90847 026 ***150.00

DOCUMENT # P02000057861

1. Entity Name
GEROD TECHNOLOGIES INC.



Principal Place of Business
11718 WHITE HORSE RD
JACKSONVILLE FL 32246
US

Mailing Address
11718 WHITE HORSE RD
JACKSONVILLE FL 32246
US



2. Principal Place of Business

10920 Baymeadows Rd

Suite, Apt. #, etc.
Suite 27, Box 119

City & State
Jacksonville FL

Zip
32256

Country
US

3. Mailing Address

10920 Baymeadows Rd

Suite, Apt. #, etc.
Suite 27, Box 119

City & State
Jacksonville FL

Zip
32256

Country
US

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number

82-0546688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HASTINGS, TERRENCE G
11718 WHITE HORSE RD
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name

Terrence Hastings

Street Address (P.O. Box Number is Not Acceptable)

9057 Latimer Rd E

City

Jacksonville

FL

Zip Code

32257

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **HASTINGS, TERRENCE G**
STREET ADDRESS **11718 WHITE HORSE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03
Date

Daytime Phone #

CR2E034 (10/02)