

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90250 003 ***150.00

DOCUMENT # P02000073053

1. Entity Name
GEOTECHNIQUES INTERNATIONAL, INC.



Principal Place of Business
400 E COLONIAL DR STE 1707
ORLANDO FL 32803

Mailing Address
400 E COLONIAL DR STE 1707
ORLANDO FL 32803



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1011081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WISSA, ANWAR E Z
400 E COLONIAL DR STE 1707
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT
NAME: ANWAR WISSA
STREET ADDRESS: 400 E COLONIAL DR Suite 1707
CITY-ST-ZIP: ORLANDO, FL 32803

☐ Delete

TITLE: SECRETARY
NAME: SHAKIR WISSA
STREET ADDRESS: 400 E COLONIAL DR, Suite 1707
CITY-ST-ZIP: ORLANDO, FL 32803

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TITLE: TREASURER
NAME: ANWAR WISSA
STREET ADDRESS: 400 E COLONIAL DR, Suite 1707
CITY-ST-ZIP: ORLANDO, FL 32803

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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

ANWAR WISSA

April 22, 03

Date

(407) 423-0958

Daytime Phone #