

2001 UNIFORM BUSINESS REPORT (UBR)

0475523

DOCUMENT # P92000013938

1. Entity Name

GENEVA GENERAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 8:30

Principal Place of Business

155 W. STATE RD. 46
GENEVA FL 32732

Mailing Address

P.O. BOX 192
GENEVA FL 32732

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 59-2985023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEEHAN, MARGUERITE

155 W. STATE RD. 46

GENEVA FL 32732

Name

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

City

900004653329--6

-10/25/01--01056--013

****150.00 PL ****150.00

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.

SIGNATURE

M. E. Sheehan

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

(NOTE: Registered Agent signature required when reinstating)

10/12/01

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SHEEHAN, MARGUERITE
STREET ADDRESS 155 W. STATE RD. 46
CITY-ST-ZIP GENEVA FL 32732

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marguerite Sheehan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/24/01

Date

407 349-5827

Daytime Phone #

CP2E034 (10/00)

10-12-01

To Whom it May Concern;

My form was mailed to State in
April 10th 01 for \$150.00.

After receiving this in MAIL
just signed and mailed back.

Got it back with your letter.
After checking with book keeper found
out the check never cleared bank
We never check bank statements our
book keeper opens them & records
everything.

Here is this filled out and a
check to replace the first one.

Please excuse charges for this.
We have had this Corporation for
many years and would not let it go.

THANKS

Marguerite Shuler