

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039610

1. Entity Name

NORTH FLORIDA GEO-SCIENCE, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90133 033 ***158.75

Principal Place of Business

14002 LUMBERTON FALLS DR.
JACKSONVILLE FL 32224
US

Mailing Address

14002 LUMBERTON FALLS DR.
JACKSONVILLE FL 32224
US

2. Principal Place of Business

8711 PERIMETER PARK BLVD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 11

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

4. FEI Number 59-3201284

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, JEFFREY S
14002 LUMBERTON FALLS DRIVE
JACKSONVILLE FL 32224

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.

SIGNATURE

Jeffrey A Foster JEFF FOSTER, PRESIDENT

4-23-01

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE V
NAME SPEICHER, CHARLES B. PE
STREET ADDRESS 552 HEMLOCK DRIVE
CITY-ST-ZIP GREENSBURG PA ☐ Delete

TITLE P
NAME FOSTER, JEFFREY S
STREET ADDRESS 14002 LUMBERTON FALLS DR.
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE TS
NAME CHARLENE RENAE FOSTER
STREET ADDRESS 14002 LUMBERTON FALLS DR
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Jeffrey A Foster JEFF FOSTER

4-23-01

904-645-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018216

CR2E034 (10/00)