

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90154 014 \*\*\*150.00

**DOCUMENT # P94000068913**

1. Entity Name  
**GEIGER PRODUCTS INC.**



Principal Place of Business  
**3101 N. COUNTRY CLUB DR.  
#812  
AVENTURA FL 33180  
US**

Mailing Address  
**3101 N. COUNTRY CLUB DR.  
#812  
AVENTURA FL 33180  
US**

2. Principal Place of Business  
**5029 S.W. 37AV.  
Suite, Apt. #, etc.**

3. Mailing Address  
**5029 S.W. 37AV.  
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State  
**FORT-LAUDERDALE  
Zip 33312 Country USA**

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**FORT-LAUDERDALE  
Zip 33312 Country USA**

4. FEI Number **65-0521583**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GEIGER, DANIEL  
3101 N COUNTRY CLUB DR  
#812  
N MIAMI BEACH FL 33180**

**7. Name and Address of New Registered Agent**

Name **GEIGER, DANIEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**5029 S.W. 37 AV.  
City FORT-LAUDERDALE 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 **DANIEL GEIGER**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**2-24-03**  
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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GEIGER, DANIEL 3101 N COUNTRY CLUB DR #812 N MIAMI BEACH FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DANIEL GEIGER 5029 S.W. 37AV FORT-LAUDERDALE, FL 33312</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

**2-24-03 954-981-1948**  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)