

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050205

1. Entity Name
GEOCOMM INTERNATIONAL CORPORATION

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90123 001 ***300.00

36933



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4565 COMMERCIAL DR
SUITE D
NICEVILLE FL 32578
US

Mailing Address
4565 COMMERCIAL DR
SUITE D
NICEVILLE FL 32578
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3324035

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERRI, DANIEL C
~~5 CLIFFORD DR~~
~~SHALIMAR FL 32579~~

Name **DANIEL C. PERRI**
Street Address (P.O. Box Number is Not Acceptable)
4 ELEVENTH AVENUE
SUITE ONE
City **SHALIMAR** FL Zip Code **32579**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KNIGHTEN, THOMAS T
STREET ADDRESS 1674 PARKSIDE CIR.
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

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

TITLE EVPD
NAME HERMAN, THOMAS C
STREET ADDRESS 4538 SOUTH MINSTER CIRCLE
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

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

TITLE D
NAME VOLZER, HARVEY J
STREET ADDRESS 3501 WAINSCOTT PLACE
CITY-ST-ZIP WOODBRIDGE VA 22192 ☐ Delete

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

TITLE D
NAME MULFORD, JAMES O
STREET ADDRESS 15 MOUNTAIN CEDAR LANE
CITY-ST-ZIP LITTLETON CO 80127 ☐ Delete

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

TITLE DIRECTOR
NAME JAMES E. JOHNSON
STREET ADDRESS 5967 S. ZENOBIA COURT
CITY-ST-ZIP LITTLETON, CO 80123 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: *Thomas T. Knighten* THOMAS T. KNIGHTEN 4/11/01 (850) 897-6778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Phone #

CR2E034 (10/00)