

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070266

1. Entity Name

GEOMAR CORPORATION

Principal Place of Business

1108 EVERGREEN PLACE  
DELAND FL 32724  
US

Mailing Address

P. O. BOX 2822  
DELAND FL 32721-2822  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32720 USA

6. Name and Address of Current Registered Agent

PARRA, JORGE M  
1108 EVERGREEN PL.  
DELAND FL 32720

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

Jorge Parra

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

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, 2000 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	DPT	<input type="checkbox"/> Delete
NAME	PARRA, JORGE M	
STREET ADDRESS	1108 EVERGREEN PL.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, JOHN M.	
STREET ADDRESS	1175 W MINNESOTA AVENUE, APT. 61	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	312 N Blue Lake terrace
CITY-ST-ZIP	Deland, FL 32724
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jorge Parra 4-28-00 904-734-9822

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90094 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3339381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (9/99)