

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000075817**

1. Entity Name  
**GEEX, INC.**



**FILED  
Apr 16, 2003 8:00 am  
Secretary of State**

04-16-2003 90233 012 \*\*\*150.00

0425055 AV

Principal Place of Business  
159 NORTHWEST 70TH STREET  
SUITE 613  
BOCA RATON FL

Mailing Address  
159 NORTHWEST 70TH STREET  
SUITE 613  
BOCA RATON FL

2. Principal Place of Business  
**7660 SILVERWOODS COURT**  
Suite, Apt. #, etc.

3. Mailing Address  
**7660 SILVERWOODS COURT**  
Suite, Apt. #, etc.

City & State  
**BOCA RATON - FLORIDA**

City & State  
**BOCA RATON - FLORIDA**

Zip **33433** Country **U.S.A.** Zip **33433** Country **U.S.A.**

6. Name and Address of Current Registered Agent  
  
ROGERS, PAULETTE  
159 NORTHWEST 70TH STREET  
SUITE 613  
BOCA RATON FL

7. Name and Address of New Registered Agent  
  
Name **ROGERS, PAULETTE**  
Street Address (P.O. Box Number is Not Acceptable)  
**7660 SILVERWOODS COURT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/12/03**

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  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD**  Delete  
NAME **ROGERS, HEDLEY PAUL T**  
STREET ADDRESS **159 NORTHWEST 70TH STREET, #613**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **V/PD**  Delete  
NAME **ROGERS, PAULETTE E**  
STREET ADDRESS **159 70TH ST., #613**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE   Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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: **Paulette Rogers**  
REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0696023**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

Name **ROGERS, PAULETTE**  
Street Address (P.O. Box Number is Not Acceptable)  
**7660 SILVERWOODS COURT**

City **BOCA RATON** Zip Code **FL 33433**

7. Name and Address of New Registered Agent

Name **ROGERS, PAULETTE**  
Street Address (P.O. Box Number is Not Acceptable)  
**7660 SILVERWOODS COURT**

City **BOCA RATON** Zip Code **FL 33433**

8. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

9. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Change  Addition  
NAME **ROGERS, HEDLEY PAUL T**  
STREET ADDRESS **7660 SILVERWOODS COURT**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **V/PD**  Change  Addition  
NAME **ROGERS, PAULETTE E.**  
STREET ADDRESS **7660 SILVERWOODS COURT**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE   Change  Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

CR2E034 (10/02)