

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

0435065 AV

**DOCUMENT # P96000075817**

1. Entity Name  
**GEEEX, INC.**



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.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON - FLORIDA**  
Zip  
**33433**  
Country  
**U.S.A.**

City & State  
**BOCA RATON - FLORIDA**  
Zip  
**33433**  
Country  
**U.S.A.**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
ROGERS, PAULETTE E  
159 70TH ST., #613  
BOCA RATON FL 33487** ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD.  
ROGERS HEDLEY PAUL T  
7660 SILVERWOODS COURT  
BOCA RATON FLORIDA 33433** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
ROGERS PAULETTE E.  
7660 SILVERWOODS COURT  
BOCA RATON - FLORIDA - 33433** ☒ Change ☐ Addition

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ 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: *Paulette Rogers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/12/03** DAYTIME PHONE # **561-241-9305**

CR2E034 (10/02)