

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90081 014 ***150.00

DOCUMENT # P96000079943

1. Entity Name
GEOENGINEERING & TESTING, INC.



Principal Place of Business
**3402 NE 2ND STREET
SUITE A
GAINESVILLE FL 32609
US**

Mailing Address
**3402 NE 2ND STREET
SUITE A
GAINESVILLE FL 32609
US**



2. Principal Place of Business
**3402 NE 2nd Street
Suite, Apt. #, etc.
SUITE A**

3. Mailing Address
**3402 NE 2nd Street
Suite, Apt. #, etc.
SUITE A**

☐ CHECK HERE IF MAKING CHANGES

City & State
GAINESVILLE FL
Zip
32609 Country
USA

City & State
GAINESVILLE FL
Zip
32609 Country
USA

4. FEI Number
59-3431406

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RWEBYOGO, MUTABHIRWA FREDRICK
5119 N.W. 34TH TERRACE
GAINESVILLE FL 32605**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mutabhirwa Fredrick Rwebyogo**
Signature, typed or printed name of registered agent and title if applicable.

1/17/2003
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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS RWEBYOGO, MUTABHIRWA F 3402 NE 2ND STREET SUITE A GAINESVILLE FL 32609	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Mutabhirwa Fredrick Rwebyogo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2003 **(352) 375 7108**
Date Daytime Phone #

CR2E034 (10/02)