

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am
Secretary of State**

05-04-2001 90121 039 ***150.00

00046945

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000024249	
1. Entity Name ✓	
GEYSERS INTERNATIONAL, INC.	
Principal Place of Business 9432 Baymeadows Rd Suite 100 Jacksonville, FL 32256	Mailing Address 9432 Baymeadows Rd Suite 100 Jacksonville, FL 32256

2. Principal Place of Business ONE, INDEPENDENT DR		3. Mailing Address ONE, INDEPENDENT DR,	
Suite, Apt. #, etc. Suite 3131		Suite, Apt. #, etc. SUITE 3131	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32202	Country USA	Zip 32202	Country USA

4. FEI Number 59-3434035	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Motolaw, Inc. 50 North Laura Street, Suite 2750 Jacksonville, FL 32202		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	
		FL	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Mani Nallapillai		NAME		
STREET ADDRESS	13105 Cricket Cove Road N		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32224		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **MANI NALLAPILLAI** **04/19/01** **(904) 356-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)