

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90006 030 ***150.00

DOCUMENT # P97000049959 ✓

1. Entity Name

Geofmarg Corp.

B8054470

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10535 Main Street

3. Mailing Address
10535 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clarence, NY

City & State
Clarence, NY

4. FEI Number
65-0775606

Applied For
☐ Not Applicable

Zip
14031

Country

Zip
14031

Country

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

7. Name and Address of Current Registered Agent

Name
HRAWG Corp

Street Address (P.O. Box Number is Not Acceptable)
2000 Glades Road

Suite 400

City
Boca Raton

FL **Zip Code**
33431

**DO NOT WRITE
IN THIS SPACE**

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 Margaret F. Letchworth

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

(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.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME DP
Letchworth, Margaret F.
STREET ADDRESS 3619 Reynolds Street
CITY - ST - ZIP Laramie, WY 87072-5062

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME DVS
Johnson, Jeffrey L.
STREET ADDRESS 2000 Glades Rd Suite 400
CITY - ST - ZIP Boca Raton, FL 33431

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret F. Letchworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

Date

307-742-1475

Daytime Phone #