

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070178

1. Entity Name  
**GEOSPATIAL SOLUTIONS, INC.**  
1193 ENTERPRISE DR.  
PUNTA GORDA FL 33983

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90160 046 \*\*\*150.00

Principal Place of Business  
**2074 ONONDAGA LN  
PUNTA GORDA FL 33983**

Mailing Address  
**2074 ONONDAGA LN  
PUNTA GORDA FL 33983-2636**

2. Principal Place of Business  
**1193 ENTERPRISE DR.**

3. Mailing Address

Suite, Apt. #, etc.  
**UNIT A-106**

Suite, Apt. #, etc.

City & State  
**PT. CHARLOTTE, FL**

City & State

Zip  
**33953**

Country  
**CHARLOTTE**

Zip

Country

4. FEI Number  
**65-0776493**

Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**FORD, STEVEN L  
2074 ONONDAGA LN  
PUNTA GORDA FL 33983**

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.

SIGNATURE Steven Ford **STEVEN FORD, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

**2-4-00**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FORD, STEVEN L.  
2074 ONONDAGA LANE  
PUNTA GORDA FL 33983** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
FORD, PAMELA R.  
2074 ONONDAGA LANE  
PUNTA GORDA FL 33983** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Delete

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

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: STEVEN FORD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-4-00**  
Date

**(741) 764-9899**  
Daytime Phone #