

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90012 045 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000066119

1. Entity Name

GEOMARKETING INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

831 NORTH FOREST DRIVE
TALLAHASSEE FL 32303

831 NORTH FOREST DRIVE
TALLAHASSEE FL 32303-5110

2. Principal Place of Business

3. Mailing Address

3455 DORCHESTER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE FL

4. FEI Number

59-3525681

Applied For

Not Applicable

Zip

Country

Zip

Country

32312-1300

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUE, DEAN K
3455 DORCHESTER CRT
TALLAHASSEE FL 32312

Name
Dean K. Jue

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

* Please correct spelling of first *
name.

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

Dean K. Jue

Dean K. Jue

FEB 22, 2000

Signature, typed or printed name of registered agent and file 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) ☐

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	D	<input type="checkbox"/> Delete
NAME	JUE, DEAN K	
STREET ADDRESS	3455 DORCHESTER CT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOONTZ, CHRISTINE M	
STREET ADDRESS	831 NORTH FOREST DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
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: *Dean K. Jue*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean K. Jue, President

Date

(950) 386-7308

Daytime Phone #

CR2E034 (9/99)