

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066119

1. Entity Name

GEOMARKETING INTERNATIONAL, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90196 004 ***150.00

Principal Place of Business

Mailing Address

831 NORTH FOREST DRIVE
TALLAHASSEE FL 32303

3455 DORCHESTER CT
TALLAHASSEE FL 32312-1300
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3455 Dorchester Court

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number 59-3525681

Applied For

Not Applicable

Zip

Country

Zip

Country

32312

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

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

Dean K. Jue

(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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS JUE, DEAN K
CITY-ST-ZIP 3455 DORCHESTER CT
TALLAHASSEE FL 32312

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KOONTZ, CHRISTINE M
CITY-ST-ZIP 831 NORTH FOREST DRIVE
TALLAHASSEE FL 32303

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

APRIL 16, 2001

(850) 386-7308

CR2E034 (10/00)