

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90182 011 ***150.00

DOCUMENT # P99000052050

1. Entity Name
GENEVA HOLDINGS INC.



Principal Place of Business
**2600 WESTERN PARKWAY
ORLANDO FL 32803**

Mailing Address
**2600 WESTERN PARKWAY
ORLANDO FL 32803**

2. Principal Place of Business
2600 WESTERN PARKWAY
Suite, Apt. #, etc.

3. Mailing Address
2600 WESTERN PARKWAY
Suite, Apt. #, etc.

City & State
WINTER PARK FL

City & State
WINTER PARK FL

Zip
32789

Country

Zip
32789

Country

4. FEI Number
59-3580439

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HEYWORTH-DAVIS, SIMON J
2600 WESTERN PARKWAY
ORLANDO FL 32803

← **SAME**

NEW CITY ONLY →

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2600 WESTERN PARKWAY
City **WINTER PARK** FL Zip Code **32789**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

20 Feb 2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **TS** ☐ Delete
NAME **HEYWORTH-DAVIS, SIMON J**
STREET ADDRESS **2600 WESTERN PARKWAY**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **D** ☐ Delete
NAME **MARK, F. GORDEN**
STREET ADDRESS **3875 INDIAN RIVER DR.**
CITY-ST-ZIP **COCOA FL 32922**

TITLE **D** ☐ Delete
NAME **WARD, WILLIAM**
STREET ADDRESS **2229 BUTLER BAY DR. N.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Feb 2003

Date

407 896 2080

Daytime Phone #

CR2E034 (10/02)