

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90195 015 \*\*\*150.00

**DOCUMENT # P99000090980**

1. Entity Name  
**GEOSYNTHETICA, INC.**

Principal Place of Business  
**1401 E. BROWARD BLVD., STE. 300**  
**FT. LAUDERDALE FL 33301**

Mailing Address  
**1401 E. BROWARD BLVD., STE. 300**  
**FT. LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6072 North Ocean Blvd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6072 North Ocean Blvd.**  
 Suite, Apt. #, etc.

City & State  
**Ocean Ridge, FL**

City & State  
**Ocean Ridge, FL**

4. FEI Number **65-0947346**

Applied For  
 Not Applicable

Zip Country  
**33435 U.S.A.**

Zip Country  
**33435 U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**ROGERS, ROMNEY C**  
**1401 E. BROWARD BLVD., STE. 300**  
**FT. LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

Name  
**LYNN PEGGS-**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6072 North Ocean Boulevard**  
 City **Ocean Ridge** **FL** Zip Code **33435**

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.

(NOTE: Registered Agent signature required when reissuing)

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, 2002 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**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PEGGS, LYNN</b>	
STREET ADDRESS	<b>6072 N. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE FL 33435</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>PEGGS, IAN</b>	
STREET ADDRESS	<b>6072 N. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE FL 33435</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/28/02** **861 369 0995**

CR2E034 (9/01)