

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90063 001 ***150.00

DOCUMENT # P99000101418

1. Entity Name
GEOTECHNICAL SERVICES, INC.

Principal Place of Business 500 ST. PETERSBURG DRIVE OLDSMAR FL 34677	Mailing Address 500 ST. PETERSBURG DRIVE OLDSMAR FL 34677
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2. Principal Place of Business 530 LAFAYETTE BLVD Suite, Apt. #, etc.	3. Mailing Address 530 LAFAYETTE BLVD Suite, Apt. #, etc.
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City & State OLDSMAR, FL	City & State OLDSMAR, FL	4. FEI Number 59-3636674	Applied For <input type="checkbox"/> Not Applicable
Zip 34677	Country PINELLAS	Zip 34677	Country PINELLAS



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JEAN, HENRI V
500 ST. PETERSBURG DRIVE
OLDSMAR FL 34677

7. Name and Address of New Registered Agent
 Name **JEAN, HENRI V**
 Street Address (P.O. Box Number is Not Acceptable)
530 LAFAYETTE BLVD
 City **OLDSMAR** FL Zip Code **34677**

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 *Henri V. Jean* **Henri V. Jean** DATE **4/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN, HENRI V 500 ST. PETERSBURG DRIVE OLDSMAR FL 34677 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jean, Henri V 530 Lafayette Blvd Oldsmar FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Henri V. Jean* **Henri V. Jean** DATE **4/26/01** **813 791 9654**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (10/00)