

**2002 UNIFORM BUSINESS REPORT (UBR)**

08-01-2002 90168 014 \*\*\*\*61.25  
 NO2000001854  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

0012582

**DOCUMENT # NO2000001854**

1. Entity Name

**GENESIS FINANCIAL MANAGEMENT INC.**

02 AUG -1 PM 4:01

Principal Place of Business	Mailing Address
759 MULLIGAN LANE WESTMINSTER MD 21158	759 MULLIGAN LANE WESTMINSTER MD 21158



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14025 Riveredge Drive Suite, Apt. #, etc. Suite 505 City & State Tampa, Florida	14025 Riveredge Suite, Apt. #, etc. Suite 505 City & State Tampa, Florida
Zip 33637	Country U.S.A.

4. FEI Number 52-2354330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED**  
 1000 W AVENUE, STE 1114  
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name  
**Cook & Koch, P.A.; Attn: Stephen Koch**  
 Street Address (P.O. Box Number is Not Acceptable)  
 201 North Franklin St.; Suite 3010  
 City  
 Tampa, Florida FL Zip Code  
 33602

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

*Stephen A. Koch*  
 Signature, typed or printed name of registered agent and title if applicable.

*Stephen A. Koch*  
 (NOTE: Registered Agent signature required when reinstating)

7/30/2002  
 DATE

After September 13, 2002,  
 min. will be \$236.25.

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D Preston O. Duppins, Jr. 14025 Riveredge Dr.; Ste. 500 Tampa, Florida 33637 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark G. Tornillo 7920 Norfolk Ave.; Ste. 920 Bethesda, MD 20814 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas-K. Chamness 606 W. 40th St. Baltimore, MD 21211 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, trustee empowered to execute this report as required by Chapter 617, 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:

*Preston O. Duppins, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/2002 (813) 866-5110  
 Date Daytime Phone #

CRRE037 (4/02)

8/6/02  
 W