

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90023 016 \*\*\*\*61.25

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**DOCUMENT # N02000001854**

1. Entity Name  
**GENESIS FINANCIAL MANAGEMENT INC.**



Principal Place of Business  
**14025 RIVEREDGE DRIVE  
SUITE 505  
TAMPA FL 33637**

Mailing Address  
**14025 RIVEREDGE DRIVE  
SUITE 505  
TAMPA FL 33637**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **52-2354330**

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

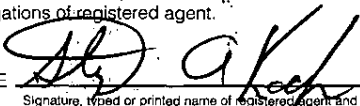


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**COOK & KOCH, PA  
ATTN: STEPHEN KOCH  
201 NORTH FRANKLIN ST., SUITE 3010  
TAMPA FL 33602**

7. Name and Address of New Registered Agent  
Name **Koch & Associates, P.A.; Stephen A. Koch**  
Street Address (P.O. Box Number is Not Acceptable) **201 N. Franklin Street, Suite 3010**  
City **Tampa** 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  DATE **April 24, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DUPPINS, PRESTON O JR 14025 RIVEREDGE DRIVE, STE 500 TAMPA FL 33637</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TORNILLO, MARK G 7920 NORFOLK AVE., STE. 920 BETHESDA MD 20814</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHAMNESS, THOMAS K 606 W. 40TH STREET BALTIMORE MD 21211</b>	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Duppins, PRESTON O JR 14025 Riveredge, STE 505 TAMPA FL 33637</b>	<input checked="" type="checkbox"/> Change <input checked="" 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
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 or 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.** (813) 866-5100

CR2E037 (10/02)