

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90043 003 ***150.00

DOCUMENT # P00000019557

1. Entity Name
GENESIS TECHNOLOGY RESOURCES, INC.

Principal Place of Business

Mailing Address

3501 INGENUITY DR.
 STE. 100
 ORLANDO FL 32826

3501 INGENUITY DR.
 STE. 100
 ORLANDO FL 32826

2. Principal Place of Business

3. Mailing Address

13501 Ingenuity Drive
 Suite, Apt. #, etc.

P.O. Box 910
 Suite, Apt. #, etc.

City & State

City & State
Winter Park FL

4. FEI Number

59-3627479

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

32790

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEATHERFORD, WILLIAM P JR
1031 W. MORSE BLVD., STE. 105
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D HARWARD, JACK L**
 STREET ADDRESS **3501 INGENUITY DR., STE. 100**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE Change Addition
 NAME **P**
 STREET ADDRESS **1286 Hillstream Drive**
 CITY-ST-ZIP **Geneva FL 32432**

TITLE Delete
 NAME **D HARWARD, DENNIS J**
 STREET ADDRESS **4645ALBRITTON ROAD**
 CITY-ST-ZIP **ST. CLOUD FL 34772**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change 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:

Jack L Harward
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2001

Date

Daytime Phone #

CR2E034 (10/00)