

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90827 024 ***150.00

DOCUMENT # **P00000065206**

1. Entity Name
GENESIS ENVIRONMENTAL LABORATORY CORPORATION



Principal Place of Business
**3911 W. WATERS AVE
STE #5
TAMPA FL 33614**

Mailing Address
**15804 COUNTRYBROOK ST
TAMPA FL 33624**



2. Principal Place of Business
3911 W. Waters Ave.

3. Mailing Address
3911 W. Waters Ave.

Suite, Apt. #, etc.
Suite #5

Suite, Apt. #, etc.
Suite #5

CHECK HERE IF MAKING CHANGES

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number **52-2254977**

Applied For
 Not Applicable

Zip Country
33614 USA

Zip Country
33614 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

**JOYCE, JERRY L
204 NORTH MACDILL AVENUE
TAMPA FL 33609**

Name **Accounting Management Services**
Street Address (P.O. Box Number is Not Acceptable)
306 E. Bullard Pkwy.
Temple Terrace
City **FL** Zip Code **33617**

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 **Jose S. Ramos, MBA, PA**
Signature, typed or printed name of registered agent and title if applicable.

28 APR 03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINONES, MARITZA 15804 COUNTRYBROOK ST. TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICART, MIGUEL 6706 CHELSEA ST TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SULIMAN, REBECCA 8716 SWARE AVE TAMPA FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEDUC, MYRTELINA 10178 CEDAR DUNE DRIVE TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, CARIDAD 5215 NASHVILLE DRIVE TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELRIO, LOURDES 15804 COUNTRYBROOK STREET TAMPA FL 33624	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Del Rio Lourdes 15804 Countrybrook St Tpa FLA 33614	<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
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 607, 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: **Maritza Quinones PD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 April 2003 (813) 205-9542
Date Daytime Phone #

CR2E034 (10/02)