

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90001 025 ***150.00

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DOCUMENT # P01000026379

1. Entity Name

GENESIS ELECTRONICS MANUFACTURING, INC.

Principal Place of Business

**141 BURBANK ROAD
 OLDSMAR FL 34677-4900**

Mailing Address

**141 BURBANK ROAD
 OLDSMAR FL 34677-4900**

2. Principal Place of Business

3. Mailing Address

PO BOX 1917

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

4. FEI Number

59-3702714

Applied For

Not Applicable

Zip

Country

Zip

Country

34677

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POINTER, MICHAEL D II
 2510 118TH AVENUE NORTH
 ST PETERSBURG FL 33716**

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 _____ DATE _____
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, 2002 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 GALINSKI, MICHAEL**
 STREET ADDRESS **141 BURBANK ROAD**
 CITY-ST-ZIP **OLDSMAR FL 34677-4900**

TITLE Change Addition
 NAME **PRESIDENT**
 NAME **ROBERT STOLLER**
 STREET ADDRESS **141 BURBANK ROAD**
 CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **S D. Michael Pointer II**
 STREET ADDRESS **2510-118th Avenue North**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *D. Michael Pointer II*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/18/02 Daytime Phone # 727-573-0900

CR2E034 (9/01)