

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91331 016 ***150.00

DOCUMENT # P96 00 00 75 815

1. Entity Name

GENESIS AVIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1413 S HOWARD AVE

Suite, Apt. #, etc.

214

City & State

TAMPA FL

Zip

33629

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3421504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EL-BATRAWI, RAMY

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

1413 S- HOWARD AVE

214

City

TAMPA

FL

Zip Code

33629

**DO NOT WRITE
IN THIS SPACE**

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

RAMY EL-BATRAWI 5/1/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P D
EL-BATRAWI, RAMY
1413 S. HOWARD AVE #214
TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
JACOBSON, DOUGLAS E
1413 S. HOWARD AVE #214
TAMPA, FL 33629

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Douglas E Jacobson, Secretary 5/1/02 813 254-5656