## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9900007772

Country

1. Entity Name

GENESIS WEB SOLUTIONS, INC.

Principal Place of Business 2429 ASPINWALL STREET SARASOTA FL 34237

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zìp

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

2429 ASPINWALL STREET SARASOTA FL 34237-5108

## 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Martin, David Jr. Street Address (P.O. Box Number is Not Acceptable) 2429-ASPINWALL STREET SARASOTA FL 34237 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees 区 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE P15 TITLE David Martin Jr. NAME NAME STREET ADDRESS 2429 Aspinwall St. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota Change Addition TITLE ☐ Delete TITLE Marie Martin NAME 2429 Aspinuali St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE

TITLE

NAME

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

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Country

SIGNATURE: Pavid Mut & David Martin Jr. 2-12-00

changed, or on an attachment with an address, with all other like empowered.

☐ Delete

☐ Delete

941-373-1271

☐ Change

□ Change

☐ Addition

Addition

FILED

Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90017 038 \*\*\*150.00

B0023113

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

4. FEI Number

65-0888077

5. Certificate of Status Desired

CR2E034 (9/9