2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90036 006 ***150.00

DOCUMENT # P99000031368

1. Entity Name

GENOVA AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
11643 CHARIOT LANE JACKSONVILLE FL 32223	11643 CHARIOT LANE JACKSONVILLE FL 32223-1396

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1543 Kingsley BLV		1543 Kingsley BLV	
Suite, Apt. #, etc.: #14		Suite, Apt. #, etc.: #14	
City & State: Orange Park FL		City & State: Orange Park FL	
Zip: 32073	Country: USA	Zip: 32073	Country: USA

4. FEI Number: 59-3569719 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE., STE. 200
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D GENOVA, FRANK J M.D. 11643 CHARIOT LANE JACKSONVILLE FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENOVA, FRANK J. 1543 Kingsley BLV #14 Orange Park FL 32073	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: SIGNATURE ON FILE Frank J. Genova — 01/14/00 — 904 269 3856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #