2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000087311



May 14, 2003 8:00 am Secretary of State

1. Entity Nam GENE PO	DWELL, INC.				05-14-2003 9	90128 018 ***	*1 <i>5</i> 0.0	00	
Principal Place		Mailing Address 1373 FARCO DRIVE MELBOURNE FL 32991			1 NEWS (1885 NEW 1885) A (1897) BRIS AN	1511 Ja nisi Da san Nasis ia) 1 1 1 1 1 1 1 1 1 1	
.2. Principal P	Place of Business Starlock Rd #, etc.	3. Mailing Address2-1-95-H-G Suite, Apt. #, etc.	irloch	Rd	☐ CHECK HÈRE				
City & Stat	bourne FL	City & State, DOLLY	ne, F	L 4.	FEI Number 59-3603128	.		plied For t Applicable	} .
379	34 Sounts	32934	Country	5 .	Certificate of Status Desired		5 Addi Required		
	6. Name and Address of Current I	Registered Agent	Name	7. 1	Name and Address of New F	legistered Agent			
POWELL	GENE								•
POWELL, GENE 1 273-Fargo drive			Street Address (P.O. Box Number is Not Acceptable)						
	RNE FL 32904 -	•]
•,	·	•	City	ı	ī	FL Z	ip Code		
	named entity submits this statement for	the purpose of changing its re	egistered office or	registered ag	ent, or both, in the State of Flo	orida. I am familia	r with, a	and accept	
ine obligat	tions of registered agent.	(/2 A)			-	2/2/1	07	7	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signate	ure required when re	einstating)	DATE /	<u>ر</u> ب		}
F	ILE NOW!!! FEE IS \$150.00				-				
After	ILE NOW!!! FEE IS \$150:00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			9. Election Campaign Fir Trust Fund Contributio			May Be to Fees	
After	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND 0	DIRECTORS	11.	AC		n. 🗆	Added	lo Fees	
After Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND I		TITLE		Trust Fund Contributio	ICERS AND DIRE	Added CTORS	lo Fees	0/02)
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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 peort 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

Daytime Phone #