

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000010801**

1. Entity Name

GENESIS MANAGEMENT CONSULTING, INC.**FILED****Feb 04, 2000 8:00 am**
Secretary of State

02-04-2000 90013 016 ***150.00

Principal Place of Business

3926 AMERICANA DRIVE
TAMPA FL 33634

Mailing Address

3926 AMERICANA DRIVE
TAMPA FL 33634-7405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554637

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIBOW, ALLEN H
301 YAMATO ROAD
SUITE 4199
BOCA RATON FL 33431

Name

BRIAN D. ROBERTS

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

3926 AMERICANA DRIVE

City

TAMPA**FL**

Zip Code

33634

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

**BRIAN D. ROBERTS****1/25/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

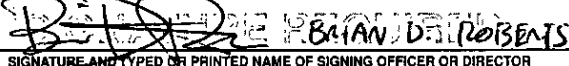
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	ROBERTS, BRIAN			
	3926 AMERICANA DRIVE			
	TAMPA FL 33634			
	D			
	ROBERTS, ALLISON			
	3926 AMERICANA DRIVE			
	TAMPA FL 33634			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/25/00**
Date**(813) 249-1229**
Daytime Phone #

CR2E034 (9/99)