

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G75008

1. Entity Name  
GENESIS MARKETING GROUP, INC.

Principal Place of Business

11644 SW 75TH CIR  
OCALA FL 34476  
US

Mailing Address

11644 SW 75TH CIR  
OCALA FL 34476-9431  
US

2. Principal Place of Business

230 HIGHLAND WOODS DR.

3. Mailing Address

230 HIGHLAND WOODS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAFETY HARBOR FL

City & State

SAFETY HARBOR FL

Zip

34695

Country

US

Zip

34695

Country

US

4. FEI Number

59-2379730

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUCZKO, JOAN  
11644 SW 75TH CIR  
OCALA FL 34476

7. Name and Address of New Registered Agent

Name  
MUCZKO, JOAN

Street Address (P.O. Box Number is Not Acceptable)  
230 HIGHLAND WOODS DR.

City  
SAFETY HARBOR

FL

Zip Code  
34695

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

JOAN MUCZKO

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

(NOTE: Registered Agent signature required when reinstating)

03-15-00

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 State**

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

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME MUCZKO, JOAN  
STREET ADDRESS 11644 SW 75TH CIR  
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE VC  
NAME MUCZKO, JOHN  
STREET ADDRESS 11644 SW 75TH CIR  
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE VTD  
NAME MUCZKO, A. CRAIG  
STREET ADDRESS 3629 BANK CIRCLE  
CITY-ST-ZIP PLANO TX ☐ Delete

TITLE VSD  
NAME MUCZKO, WILLIAM J.  
STREET ADDRESS 1309 WINNIPEG DR  
CITY-ST-ZIP LEWISVILLE TX ☐ Delete

TITLE VD  
NAME MUCZKO, GARY A.  
STREET ADDRESS 603 EAGLE NEST LANE  
CITY-ST-ZIP ALLEN TX 75013 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MUCZKO, JOAN ☒ Change ☐ Addition  
STREET ADDRESS 230 HIGHLAND WOODS DR  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE VC  
NAME MUCZKO, JOHN ☒ Change ☐ Addition  
STREET ADDRESS 230 HIGHLAND WOODS DR  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE VTD  
NAME MUCZKO, CRAIG ☒ Change ☐ Addition  
STREET ADDRESS 47566 Major Beckham Way  
CITY-ST-ZIP Potomac Falls, VA. 20165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

JOAN MUCZKO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-00

Date

727-726-7411

Daytime Phone #

CR2E034 (9/99)