

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90314 028 \*\*\*150.00

**DOCUMENT # P99000029834**

1. Entity Name

GENESIS CUSTOM BUILDERS, INC.

Principal Place of Business

15290 72ND DR. NORTH  
PALM BEACH GARDENS FL 33418

Mailing Address

15290 72ND DR. NORTH  
PALM BEACH GARDENS FL 33418-1941

2. Principal Place of Business

15645 118<sup>th</sup> Trail N.  
Suite, Apt. #, etc.

3. Mailing Address

15645 118<sup>th</sup> Trail N.  
Suite, Apt. #, etc.

City & State

Jupiter, FL  
Zip 33478 Country Palm Beach

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Jupiter, FL  
Zip 33478 Country Palm Beach

4. FEI Number

65-0916166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TULLIO, CLEMENTE P  
15290 72ND DR. NORTH  
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name Francis Paros

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

15645 118<sup>th</sup> Trail N.  
City Jupiter FL Zip Code 33478

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

*Francis M. Paros* FRANCIS M. PAROS

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

(NOTE: Registered Agent signature required when reinstating)

4-25-00  
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                          | <input type="checkbox"/> Delete            |
| NAME           | PAROS, FRANCIS M            |  |
| STREET ADDRESS | 15290 72ND DR. NORTH        |  |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL 33418 |  |
| TITLE          | VSTD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | TULLIO, CLEMENTE P          |  |
| STREET ADDRESS | 15290 72ND DR. NORTH        |  |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL 33418 |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

*Francis M. Paros* FRANCIS M. PAROS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00  
Date

(561) 741-7976  
Daytime Phone #

CR2E034 (9/99)