## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 26, 2001 8:00 am DOCUMENT # P0000015101 **Secretary of State** 1. Entity Name GENESIS ELECTRIC MOTORS, INC. 03-26-2001 90036 016 \*\*\*150 00 Principal Place of Business Mailing Address 4801-110TH TERR. N. 4801-110TH TERR. N. CLEARWATER FL 33762 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESKEW, DAVID Street Address (P.O. Box Number is Not Acceptable) 3520 SNOWY EGRET CT. PALM HARBOR FL 34683 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TIT) F Change ☐ Addition TITLE □ Delete DAVID ESKEW NAME NAME 3590 Snavy Egret Ch STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VICE MESIDENT TITLE ☐ Delete TITLE Change ☐ Addition MARC ESKEW NAME NAME 19 RADO Wat Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ockport TITLE ☐ Delete TITLE Addition Treasures DAVID ESKEW NAME NAME 3520 SNOWY Egret Ct. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POLM HARBOR FL 33762 TITLE ☐ Delete TITLE SecretARH Change ☐ Addition 13/49 RODO West Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

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URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

☐ Delete

☐ Delete

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☐ Addition

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