

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90317 039 ***150.00

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DOCUMENT # P00000015101

1. Entity Name

GENESIS ELECTRIC MOTORS, INC.



Principal Place of Business

**4801-110TH TERR. N.
CLEARWATER FL 33762**

Mailing Address

**4801-110TH TERR. N.
CLEARWATER FL 33762**

40008612



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3625804

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ESKEW, DAVID
3520 SNOWY EGRET CT.
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name

Eskew, DAVID

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

12702 TAR FLOWER DRIVE

City

Tampa

FL

Zip Code

33626

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David P. Eskew

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

(NOTE: Registered Agent signature required when reinstating).

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**P
ESKEW, DAVID
12702 TAR FLOWER DR
TAMPA FL 33626**

TITLE ☐ Delete

**VP
ESKEW, MARC
11430 CYPRESS RESERVE DR
TAMPA FL 33626**

TITLE ☐ Delete

**T
ESKEW, DAVID
12702 TAR FLOWER DR
TAMPA FL 33626**

TITLE ☐ Delete

**S
ESKEW, MARC
11430 CYPRESS RESERVE DR
TAMPA FL 33626**

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 report 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:

David P. Eskew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/03 (727) 572-1414

CR2E034 (10/02)