

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002959

1. Entity Name

GENESIS FINANCIAL SERVICES, INC.

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90049 019 \*\*\*150.00

Principal Place of Business

9600 WEST SAMPLE RD  
#404  
CORAL SPRINGS FL 33065  
US

Mailing Address

9600 W SAMPLE RD #404  
CORAL SPRGS FL 33065  
US

2. Principal Place of Business

602 B Rutledge Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 22528

Suite, Apt. #, etc.

City & State

Charleston SC

City & State

Charleston SC

Zip

29403

Country

US

Zip

29413

Country

US

4. FEI Number

65-0375553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERMANN, RICHARD F  
9600 WEST SAMPLE RD  
STE 404  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Mike McNamara

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

9600 West Sample Rd #404

City

Coral Springs

FL

Zip Code

33065

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/2001

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, 2001 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 ☐ Delete  
NAME CP  
STREET ADDRESS HERMANN, RICHARD F  
CITY-ST-ZIP 9600 W SAMPLE RD #404  
CORAL SPGS FL

TITLE ☒ Delete  
NAME VC  
STREET ADDRESS SOSCIA, LOUIS  
CITY-ST-ZIP 9600 W SAMPLE RD #404  
CORAL SPRGS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 602 B Rutledge Ave  
CITY-ST-ZIP Charleston SC 29403

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

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

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

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

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN MCANNA 2/13/01 843 723-7400  
Date Daytime Phone #

CR2E034 (10/00)

0129616