FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2001 8:00 am **DOCUMENT # G30338** Secretary of State 1. Entity Name GENRESCO, INC. 01-16-2001 90010 016 ***150.00 Principal Place of Business Mailing Address C/O DAVID O. HAMRICK C/O DAVID O. HAMRICK 601435 7303 18TH AVENUE N.W. 7303 18TH AVENUE N.W. **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2273496 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMRICK, DAVID O. Street Address (P.O. Box Number is Not Acceptable) 7303 18TH AVENUE N.W. **BRADENTON FL 33529** Zip Code City FL 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE TITLE ☐ Delete HAMRICK, DAVID NAME NAME STREET ADDRESS 7303 18TH AVE. N.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Addition Delete TITLE TITLE HAMRICK, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 7303 18TH AVE. N.W. CITY-ST-ZIP CITY-ST-ZIP ~ BRADENTON:FL= ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME 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.

SIGNATURE: DAVID O. HOME OF SIGNING OFFICER OF DIRECTOR DAVID O. HAMRICK 1-8-01 (94) 792 7907