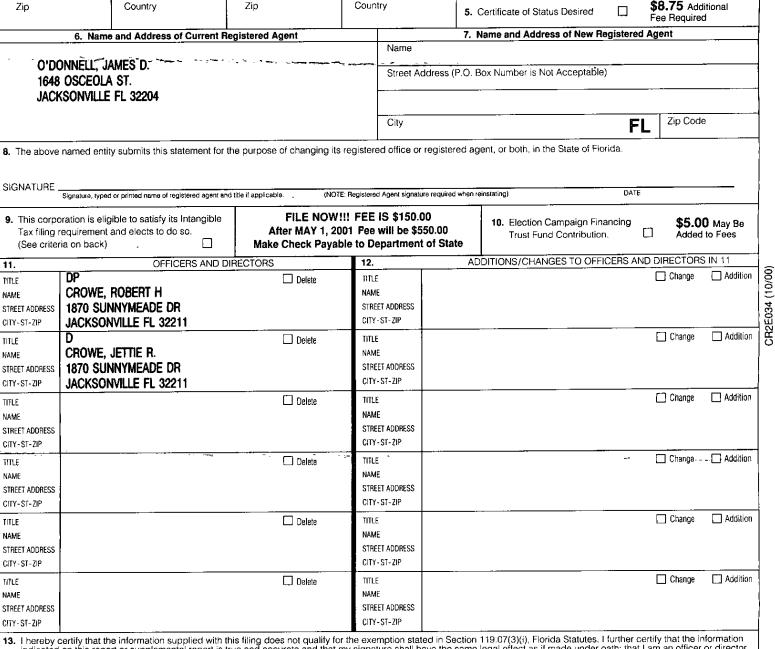
2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G66445** GENUINE PROPERTIES, INC. Principal Place of Business Mailing Address 1870 SUNNY MEADE DR 1870 SUNNY MEADE DR JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-2343161 Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'DONNELL, JAMES D. Street Address (P.O. Box Number is Not Acceptable) 1648 OSCEOLA ST. JACKSONVILLE FL 32204 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. , FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) 12. 11. OFFICERS AND DIRECTORS ĎΡ TITLE ☐ Delete TITLE CROWE, ROBERT H NAME NAME STREET ADDRESS 1870 SUNNYMEADE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 TITLE Delete CROWE, JETTIE R. NAME NAME **1870 SUNNYMEADE DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211

May 17, 2001 8:00 am Secretary of State

Applied For

Not Applicable

05-17-2001 91084 039 ***150.00



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 attachmen

SIGNATURE:

OFFICER OR DIRECTOR

3//paco/

Daytime Phone #