

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55867

1. Entity Name
GENESIS INVESTMENTS, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90083 045 ***150.00

Principal Place of Business

1803 US 19
HOLIDAY FL 34691
US

Mailing Address

% J. BOB HUMPHRIES, ESQUIRE
501 E KENNEDY BLVD. STE 1700
TAMPA FL 33602

2. Principal Place of Business

2535 SUCCESS DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2535 SUCCESS DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ODESSA FL

Zip
33556

Country

City & State
ODESSA FL

Zip
33556

Country

4. FEI Number 59-2797683

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHRIES, BOB J
FOWLER, WHITE LAW FIRM
501 E KENNEDY BLVD, STE 1700
TAMPA FL 33602

Name
~~Richard W. Baker~~
Street Address (P.O. Box Number is Not Acceptable)
2535 Success Drive

City Odessa FL Zip Code 33556

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUMPHRIES, BOB J 501 E. KENNEDY BLVD 1700 TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BAKER, RICHARD W 2535 SUCCESS DRIVE ODESSA FL 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *R Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard W. Baker, Director/President

Date

Daytime Phone #

CR2E034 (10/00)