2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J65314 1. Entity Name GENESIS DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1803 US 19 501 E KENNEDY BLVD #1700 HOLIDAY FL 34691 **TAMPA FL 33602** US 2. Principal Place of Business 3. Mailing Address

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

03-26-2001 90082 003 ***150.00



2535 SUCCESS DRIVE	2535 Suc	ICESS LARIVE	5			1017 01011 011	,,, •,,•,,,,,
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SP	ACE	
ODESSA FC	City & State	FL	4. F	El Number 59-2805458			pplied For ot Applicable
Zip Country 33554	Zig 33557	Country	5. C	Certificate of Status Desired [8.75 Ad	ditional
6. Name and Address of Current F			7. N	ame and Address of New Regis			
		Name					
HUMPHRIES, J BOB 501 E KENNEDY BLVD #1700			Richard W. Baker				
			Street Address (P.O. Box Number is Not Acceptable) 2535 Success Drive				
TAMPA FL 33602		2335 0	40000	DIIVE	**-	,	
				<u></u>			
		City Odessa			FL	Zip Coc 335	ie 56
8. The above named entity submits this statement for	the nurrose of changing its			ent or both in the State of Florida		1 222	
6. The above harried entity submits this statement for	the purpose of changing its	registered office of feg	istereu age	ant, or both, in the state of Florida	'		
1/2 /1/1/1/h							
SIGNATURE Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature rec	quired when rei	instating)	DATE		
			·				
9. This corporation is eligible to satisfy its Intangible		!! FEE IS \$150.00		10. Election Campaign Financi	ng	\$5.0)0 May Be
Tax filing requirement and elects to do so. (See criteria on back)		01 Fee will be \$550.6 le to Department of		Trust Fund Contribution.			d to Fees
<u> </u>							
11. OFFICERS AND C		12.	ADI	DITIONS/CHANGES TO OFFICER			
TITLE STD	Qelete	TITLE			[Change	Addition
NAME BAKER, RICHARD W		NAME					
STREET ADDRESS 2535 SUCCESS DRIVE		STREET ADDRESS					
CITY-ST-ZIP ODESSA FL 33556		CITY-ST-ZIP					
TITLE AS	Delete	TITLE			[Change	☐ Addition
NAME HUMPHRIES, J BOB		NAME					
STREET ADDRESS 501 E KENNEDY #1700		STREET ADDRESS					
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP					
TITLE PDST	Delete	_ TITLE		-	[☐ Change	Addition
NAME BAKER, RICHARD W		NAME					
STREET ADDRESS 2535 SUCCESS DRIVE		STREET ADDRESS					
CITY-ST-ZIP ODESSA FL 33556		CITY-ST-ZIP					
TITLE	☐ Delete	TITLE			ſ	☐ Change	Addition
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP		<u></u>			
TITLE	☐ Delete	TITLE			[☐ Change	☐ Addition
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	☐ Delete	TITLE			(☐ Change	Addition
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP	<u> </u>				
13. I hereby certify that the information supplied with t indicated on this report or supplemental report is	this filing does not qualify for	the exemption stated in	Section 1	19.07(3)(i), Florida Statutes. I furti	ner certify	that the i	nformation

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Richard W. Baker, Director/Portor

Daytime Phone # Date