

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90146 021 ***150.00

0116766 AV

DOCUMENT # K89486

1. Entity Name

GENESIS VII, INC.

Principal Place of Business

1605 WHITE DR.
 TITUSVILLE FL 32780
 US

Mailing Address

% MITCHELL S. GOLDMAN
 96 WILLARD STREET, SUITE 302
 COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2952211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, MITCHELL S.
 96 WILLARD STREET
 SUITE 302
 COCOA FL 32922

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	PINSON, KENNETH	
STREET ADDRESS	4635 LONGBOW DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WHITMAN, CURTIS J.	
STREET ADDRESS	8074 WINDOVER WAY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	CROSSWELL, JAMES K.	
STREET ADDRESS	4205 HEMLOCK LANE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINSON, KENNETH	
STREET ADDRESS	3911 HUNTERS RIDGE WAY	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSSWELL, JAMES K	
STREET ADDRESS	1730 PELICAN DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	VICE PRESIDENT, CONSTRUCTION	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTERS, EARNEST E. JR	
STREET ADDRESS	100 NESBIT ST. N.E.	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kenneth Pinson KENNETH PINSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-02

CR2E034 (9/01)