

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90037 038 ***150.00

DOCUMENT # K98460

1. Entity Name
GENESIS HEARING CARE, INC.

20312 Robinson Rd
11362 N WILLIAMS STREET
DUNNELLON FL 34432 34431
US

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11362 N WILLIAMS STREET
DUNNELLON FL 34432 34431
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20312 Robinson Rd
 Suite, Apt. #, etc.

3. Mailing Address

20312 Robinson Rd
 Suite, Apt. #, etc.

City & State

Dunnellon, FL

City & State

Dunnellon, FL

4. FEI Number

59-2962481

Applied For

Not Applicable

Zip
34431

Country

US

Zip
34431

Country

US

5. Certificate of Status Desired ☐

\$8.75 - Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSMITH, STEPHEN L.
13651 SE CR 336
DUNNELLON FL 34431

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
GOLDSMITH, STEPHEN L.
13651 SE CR 336
DUNNELLON FL 34431 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L. Goldsmith

2-19-02

Date

352-489-9479

Daytime Phone #

CR2E034 (9/01)