

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000005893**

1. Entity Name

GENESIS GRANITE & STONE, L.L.C.

Principal Place of Business

1112 OHIO AVENUE
LYNN HAVEN FL 32444

Mailing Address

1112 OHIO AVENUE
LYNN HAVEN FL 32444

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BENNETT, DERRICK
112 E. THIRD COURT
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name Diane C. Hare, CPA

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

3003 S. Hwy 77, Suite ACity Lynn Haven

FL

Zip Code 32444

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

Diane C. Hare, CPA01-28-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **P** ☐ Delete
NAME **SOUTHERLAND, SHANE**
STREET ADDRESS **4049 MARY KATHRYN CIRCLE**
CITY-ST-ZIP **PANAMA CITY FL 32405**TITLE **V** ☐ Delete
NAME **SOUTHERLAND, STEVE II**
STREET ADDRESS **900 KRISTIANNA DR.**
CITY-ST-ZIP **PANAMA CITY FL 32405**TITLE **S** ☐ Delete
NAME **WAY, LUZANNE S**
STREET ADDRESS **1507 VERMONT AVE.**
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE **MEM** ☐ Delete
NAME **SOUTHERLAND, TIMOTHY RAY**
STREET ADDRESS **1112 OHIO AVENUE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☒ Change ☐ Addition
NAME **Way, Suzanne**
STREET ADDRESS **1507 Vermont Ave.**
CITY-ST-ZIP **Lynn Haven, 32444**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Shane Southerland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

3/11/02

Daytime Phone #

850-271-2114

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)