

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90017 028 ***158.75

DOCUMENT # **LD10000003796** ✓
1. Entity Name
GENERATION HOUSING, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4620 N. HALE AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 33614	Country HILLSBOROUGH	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3707185		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name JAMES GOODWIN	
		Street Address (P.O. Box Number is Not Acceptable)	
		400 N. TAMPA ST., STE. 2300	
City TAMPA		State FL	Zip Code 33601

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 resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	MANAGER SHAUN OLMSTAD 7301 BAYSHORE BLVD TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **SHAUN OLMSTAD** **3-27-02** **813-874-9990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)