

2002 UNIFORM BUSINESS REPORT (UBR)

0020894

DOCUMENT NUMBER 000005188

GENESIS DESIGN, ARCHITECTURE & PLANNING, LLC

FILED
02 OCT 25 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
101 RIVERFRONT BLVD.
SUITE 610
BRADENTON FL 34205

Mailing Address
101 RIVERFRONT BLVD.
SUITE 610.
BRADENTON FL 34205

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number
65-1097447

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BEDFORD, RICHARD
101 RIVERFRONT BLVD.
SUITE 610
BRADENTON FL 34205

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MANAGERS	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME RICHARD BEDFORD	
STREET ADDRESS 101 RIVERFRONT BLVD #610	
CITY-ST-ZIP BRADENTON FL 34205	
TITLE SERVICE PRESIDENT	<input type="checkbox"/> Delete
NAME MICHAEL FERNANDEZ	
STREET ADDRESS 101 RIVERFRONT BLVD #610	
CITY-ST-ZIP BRADENTON FL 34205	
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	

10. ADDITIONS / CHANGES	
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	
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	

000008547110
10/23/02--01062--001 **150.00

REINSTATEMENT 2002
AR-50.00
Penalty 100.00

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: [Signature] DATE: 10-20-2002
SIGNATURE REQUIRED: RICHARD BEDFORD, PRESIDENT
Date: 10-20-2002 Daytime Phone #: 941-744-1458

CR2E083 (9/01)