

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0010033

DOCUMENT # L98000001162

1. Entity Name

GENICON, L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:28

Principal Place of Business

573 WATERSCAPE WAY  
ORLANDO FL 32828

Mailing Address

573 WATERSCAPE WAY  
ORLANDO FL 32828

2. Principal Place of Business

3. Mailing Address

P.O. Box 780038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORLANDO, FL

City & State

City & State

Zip

Country

Zip

Country

32878

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3525726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HABERLAUD, GARY  
573 WATERSCAPE WAY  
ORLANDO FL 32828

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-13-03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HABERLAND, GARY	
STREET ADDRESS	573 WATERSCAPE WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WEBSTER, DANIEL	
STREET ADDRESS	835 SPRING VALLEY DR.	
CITY-ST-ZIP	SCHAUMBURG IL 60193	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SHINTAKU, DOUG	
STREET ADDRESS	1308 SHAWFORD WAY	
CITY-ST-ZIP	ELGIN IL 60120	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FUKUDA, BERT	
STREET ADDRESS	1951 ROAHWING ROAD	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
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"/> Change <input type="checkbox"/> Addition
NAME	500023972350	
STREET ADDRESS	11/10/03--01075--010 **100.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500023972355	
STREET ADDRESS	10/21/03--01079--013 **50.00	
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		

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

Date

Daytime Phone #

10-13-03

CR2E083 (4/03)