

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 19, 2001 8:00 am**
Secretary of State

03-19-2001 90043 003 ***150.00

DOCUMENT # P00000019557

1. Entity Name

GENESIS TECHNOLOGY RESOURCES, INC.

Principal Place of Business

Mailing Address

**3501 INGENUITY DR.
STE. 100
ORLANDO FL 32826****3501 INGENUITY DR.
STE. 100
ORLANDO FL 32826**

2. Principal Place of Business

13501 Ingenuity Drive
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 910
Suite, Apt. #, etc.

City & State

City & State

Winter Park FL

Zip

Country

USA

Zip

32790

Country

USA

4. FEI Number

59-3627479

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEATHERFORD, WILLIAM P JR
1031 W. MORSE BLVD., STE. 105
WINTER PARK FL 32789**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HARWARD, JACK L**
STREET ADDRESS **3501 INGENUITY DR., STE. 100**
CITY-ST-ZIP **ORLANDO FL 32826**TITLE **P** ☒ Change ☐ Addition
NAME **1286 Hillstream Drive**
STREET ADDRESS **Geneva FL 32432**
CITY-ST-ZIP **Geneva FL 32432**TITLE **D** ☐ Delete
NAME **HARWARD, DENNIS J**
STREET ADDRESS **4645 ALBRITTON ROAD**
CITY-ST-ZIP **ST. CLOUD FL 34772**TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Jack L Harward**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)