

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90103 050 ***550.00

DOCUMENT # P00000060878

1. Entity Name

GENESIS MARKETING RESEARCH, INC.

Principal Place of Business

**2124 WEST KENNEDY BLVD., SUITE C
TAMPA FL 33606**

Mailing Address

**2124 WEST KENNEDY BLVD., SUITE C
TAMPA FL 33606**

2. Principal Place of Business

**5802 Breckenridge Hwy
Suite, Apt. #, etc.
Suite 103**

3. Mailing Address

**405 Tomahawk Trail
Suite, Apt. #, etc.**

City & State

Tampa FL

City & State

Brandon FL

Zip

33610

Country

USA

Zip

33511

Country

USA

4. FEI Number

59-3523357

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FARMBRY, HAROLD

**2124 WEST KENNEDY BLVD., SUITE C
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name **Farmbry, Harold**

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

405 Tomahawk Trail

City **Brandon**

FL

Zip Code **33511**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **PD** ☐ Delete
NAME **FARMBRY, DARLENE**
STREET ADDRESS **2124 WEST KENNEDY BLVD., SUITE C**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **VD** ☐ Delete
NAME **FARMBRY, HAROLD**
STREET ADDRESS **2124 WEST KENNEDY BLVD., SUITE C**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **405 Tomahawk Trail**
CITY-ST-ZIP **Brandon FL 33511**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **405 Tomahawk Trail**
CITY-ST-ZIP **Brandon FL 33511**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE REQUIRED
Harold Farmbry

9-10-01 (813) 258-1408

Date

Daytime Phone #

CR2E034 (5/01)