

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 18, 2001 8:00 am
Secretary of State

04-17-2001 90167 020 ***150.00

DOCUMENT # P00000081235

1. Entity Name

GENESIS DESIGN STUDIOS, INC.

Principal Place of Business

**1103 CAPE CORAL PARKWAY STE C
 CAPE CORAL FL 33904**

Mailing Address

**1103 CAPE CORAL PARKWAY STE C
 CAPE CORAL FL 33904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☐ 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

**SMART, CAROLYN
 1103 CAPE CORAL PARKWAY STE C
 CAPE CORAL FL 33904**

Name **Charles J. D'Agostino**

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

1103 Cape Coral Parkway E., Suite C.

City **Cape Coral**

FL

Zip Code **33904**

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 | <input type="checkbox"/> Delete |
| NAME | SMART, CAROLYN | |
| STREET ADDRESS | 1103 CAPE CORAL PARKWAY STE C | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VANCLEFT, JODY | |
| STREET ADDRESS | 1103 CAPE CORAL PARKWAY STE C | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMART, GREGORY | |
| STREET ADDRESS | 1103 CAPE CORAL PARKWAY STE C | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | D'AGOSTINO, CHARLES | |
| STREET ADDRESS | 1103 CAPE CORAL PARKWAY STE C | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| 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 | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles J. D'Agostino

April 12, 2001

Date

901-945-7888

Daytime Phone #

CR2E034 (10/00)