

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90570 049 ***150.00

DOCUMENT # P00000114103

1. Entity Name

GENIUS, INC.



Principal Place of Business
**6800 N DALE MABRY HWY. STE 154
TAMPA FL 33614**

Mailing Address
**6800 N DALE MABRY HWY. STE 154
TAMPA FL 33614**



2. Principal Place of Business
2810 St. Isabel

3. Mailing Address
2810 St. Isabel

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Tampa, FL 33607

City & State
Tampa, FL 33607

Zip Country
33607 Hillsborough

Zip Country
33607 Hillsborough

4. FEI Number
59-3695631

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

**GRECO, FRANK J ESQ
1715 WESTHSORE BLVD, STE 750
TAMPA FL 33607**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
MANISCALCO, ANTHONY F
6800 N DALE MABRY HWY, STE 154
TAMPA FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2810 St. Isabel, Suite 201
Tampa, FL 33607** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RODRIGUEZ, SALVATORE P
6800 N DALE MABRY HWY, STE 154
TAMPA FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2810 St. Isabel, Suite 201
Tampa, FL 33607** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
CICCONI, JERRY
6800 N DALE MABRY HWY, STE 154
TAMPA FL 33614** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2810 St. Isabel, Suite 201
Tampa, FL 33607** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)