

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90069 003 \*\*\*150.00

**DOCUMENT # P01000039884**

1. Entity Name  
**GENESIS HOLDINGS GROUP III, INC.**

Principal Place of Business  
**P.O. BOX 19537**  
**WEST PALM BEACH FL 33416**

Mailing Address  
**P.O. BOX 19537**  
**WEST PALM BEACH FL 33416**

2. **90 DANA HILL**  
**3475 SOUTH OCEAN BLVD. PH#7**  
**PALM BEACH, FL 33480**

3. Mailing Address  
**90 DANA HILL**  
**3475 SOUTH OCEAN BLVD. PH#7**  
**PALM BEACH, FL 33480**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1096652** Applied For ☐ Not Applicable ☐

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

**6. Name and Address of Current Registered Agent**

**HOFFMAN, GEORGE ESQ.**  
**8902 N. MILITARY TRAIL PMB #517**  
**PALM BEACH GARDENS FL 33410**

**7. Name and Address of New Registered Agent**

Name  
 Street Address **DANA HILL**  
**3475 SOUTH OCEAN BLVD. PH#7**  
**PALM BEACH, FL 33480**  
 City 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]* **4-5-02**  
 (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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HOFFMAN, GEORGE ESQ.</b> <b>P.O. BOX 19537</b> <b>WEST PALM BEACH FL 33416</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DANA HILL</b> <b>3475 South BLVD. PH#7</b> <b>Palm Beach, FL 33480-</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **DANA HILL** **4-5-02** **561-588-9307**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

036 - 25 AV

CR2E034 (9/01)