

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90300 001 \*\*\*150.00

**DOCUMENT # P01000042143**

**1. Entity Name**  
**GENIUS MINDS, INC.**



**Principal Place of Business**  
**10918 S. PLEASANT OAKS RD.**  
**JACKSONVILLE FL 32226**

**Mailing Address**  
**10918 S. PLEASANT OAKS RD.**  
**JACKSONVILLE FL 32226**



**2. Principal Place of Business**

**10918-1 S. Pleasant Oaks Rd.**

Suite, Apt. #, etc.

**Jacksonville, Florida**

City & State

**3. Mailing Address**

**10918-1 S. Pleasant Oaks Rd.**

Suite, Apt. #, etc.

**Jacksonville, Florida**

City & State

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**59-3717791**

Applied For

Not Applicable

Zip  
**32226**

Country  
**USA**

Zip  
**32226**

Country  
**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

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

**JACOBS, KANDICE J**  
**10918 S. PLEASANT OAKS RD.**  
**JACKSONVILLE FL 32226**

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

Name

**Jacobs, Kandice J.**

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

**10918-1 S. Pleasant Oaks Rd.**

**Jacksonville**

City

**FL**

**32226**

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**

TITLE **P** ☐ Delete  
NAME **JACOBS, KANDICE J**  
STREET ADDRESS **10918 S. PLEASANT OAKS RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **V** ☐ Delete  
NAME **THOMPSON, NICOLA T**  
STREET ADDRESS **8050 ARLINGTON EXPWY, 11005**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

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

TITLE **P** ☒ Change ☐ Addition  
NAME **Jacobs, Kandice J.**  
STREET ADDRESS **10918-1 S. Pleasant Oaks Rd.**  
CITY-ST-ZIP **Jacksonville, Florida 32226**

TITLE **V** ☒ Change ☐ Addition  
NAME **Nicola Thompson T.**  
STREET ADDRESS **10918-1 S. Pleasant Oaks Rd.**  
CITY-ST-ZIP **Jacksonville, Florida 32226**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: *Kandice J. Jacobs* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/21/03 (904)838-1292**  
Date Daytime Phone #

CR2E034 (10/02)