

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90087 042 ***150.00

0497417 AV

DOCUMENT # P01000066988

1. Entity Name
GEN INVESTMENTS, INC.

Principal Place of Business
5150 TAMiami TRAIL NORTH, STE. 200
NAPLES FL 34103

Mailing Address
5150 TAMiami TRAIL NORTH, STE. 200
NAPLES FL 34103

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 **59-3728545**

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

VINCENT, NORMA B ESQ.
4337 FIFTH AVE. SOUTH, STE. 203
NAPLES FL 34102

Name **VINCENT, NORMA B**
 Street Address (P.O. Box Number is Not Acceptable)
3003 Tamiami Trail North
#300
 City **Naples** **FL** Zip Code **34103**

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 *Norma Vincent*

01-11-02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D LUKES, PETR**
 STREET ADDRESS **5150 TAMiami TRAIL NORTH, STE. 200**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☒ Change ☐ Addition
 NAME **PDT Lukes, Petr**
 STREET ADDRESS **5150 Tamiami Trail North, Ste 200**
 CITY-ST-ZIP **Naples, FL 34103**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Soborova, Jana**
 STREET ADDRESS **5150 Tamiami Trail North, Ste. 200**
 CITY-ST-ZIP **Naples, FL 34103**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Petr Lukes* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-01

941-649 1661

Date

Daytime Phone #

CR2E034 (9/01)