

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 005 ***150.00

DOCUMENT # **P01000089884** ✓

1. Entity Name

Genevieve's Investment, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1311 S.W. Santa Barbara Pl.

3. Mailing Address

1311 S.W. Santa Barbara

Suite, Apt. #, etc.

Cape Coral, Fl.

Suite, Apt. #, etc.

Place

City & State

City & State

Cape Coral, Fl.

Zip

33991

Country

U.S.A.

Zip

33991

Country

USA

4. FEI Number

85-1134342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Genevieve C. Gil

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

1311 S.W. Santa Barbara Pl.

Cape Coral

City

Cape Coral

FL

Zip Code

33991

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$850.00

Amended UBR is \$61.25

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
**President
Genevieve C. Gil
1311 S.W. Santa Barbara Pl.
Cape Coral, Fl. 33991**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Genevieve C. Gil 05-29-02 (239) 470-8926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/01)