

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

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90037 047 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

GENERATION EXPD, INC.

(Doc # 9010000117081)

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2030 EAGLES REST DR  
Suite, Apt. #, etc.

3. Mailing Address

2030 EAGLES REST DR  
Suite, Apt. #, etc.

City & State

APUPKA FLORIDA

City & State

APUPKA FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32712

Country

USA

Zip

32712

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RICHARD W. NACHMAN

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

2030 EAGLES REST DRIVE

City

APUPKA

FL

Zip Code  
32712

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)

APRIL 26 02

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 \$550.00

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	P RICHARD W. NACHMAN 2030 EAGLES REST DR APUPKA FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:

Signature and typed or printed name of signing officer or director

APRIL 26 02

Date

Daytime Phone #

CR2E034B (12/01)