

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90277 049 ***150.00

0621678 AV

DOCUMENT # P02000058264

1. Entity Name
GEN X INVESTMENT CORPORATION



Principal Place of Business
3612 S W 1ST PLACE
CAPE CORAL FL 33914

Mailing Address
3612 S W 1ST PLACE
CAPE CORAL FL 33914

2. Principal Place of Business
4337 S.W. 13th AVE.
Suite, Apt. #, etc.

3. Mailing Address
4337 S.W. 13th AVE.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Cape Coral, FL
Zip
33914
Country
Lee

City & State
Cape Coral, FL
Zip
33914
Country
Lee

4. FEI Number
03-0446778
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

SOUTHWEST PROF. SERVS. OF S. FL, INC.
13571 MCGREGOR BLVD
SUITE #22
FORT MYERS FL 33919

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME EISTER, JARROD	<input type="checkbox"/> Delete
STREET ADDRESS 3612 S W 1ST PLACE		
CITY-ST-ZIP CAPE CORAL FL 33914		
TITLE MD	NAME EISTER, MEGAN	<input type="checkbox"/> Delete
STREET ADDRESS 3612 S W 1ST PLACE		
CITY-ST-ZIP CAPE CORAL FL 33914		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE M = Managing Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EISTER, JARROD	
STREET ADDRESS 3612 S W 1ST PLACE	
CITY-ST-ZIP CAPE CORAL FL 33914	
TITLE M = Managing Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EISTER, MEGAN	
STREET ADDRESS 3612 S W 1ST PLACE	
CITY-ST-ZIP CAPE CORAL FL 33914	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Megan Eister **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)