2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Aug 28, 2003 8:00 am Secretary of State

08-14-2003 90071 028 ***550 00

PRINCIPAL Place of Discheres IS IS NAMONSUS AN EST EST 2 W PAILW BOH PL 3001 2. Principal Place of Business Sulte, April #, etc. Sulte, April #, etc. City & States C	DOCUMENT # P02000097212 1. Entity Name GENESIS CONSULTANCY USA INC.								08-14-2003 900/1	028		
Sulfo, API, if, etc. Sulfo, API, if, etc. City & State	105 S NARCISSUS AVE STE 812			105 S NARCISSUS AVE STE 812				A SECURE AND SECURE AN				
City & Saleis Country In Countr	2. Principal Place of Business			3. Mailing Address					L 18841807 LIK BREED FIRM SOME OOR IN OREIK OOFIN I	BAI; (88 II II 68 B		
Signature Sign	Suite, Apt. #, etc.			Suite, Apt. #, etc.								
6. Name and Address of Current Registered Agent 7; Name and Address of Review Registered Agent 7. Name and Address (RO. Box Number is Not Acceptable) City FL 2. Ziv Code Anter Segistered agent, or both, in the State of Fords. I am familiar with, and accept the object of Fleeton Campain Financing 1. Address 1. Name	City & State			City & State								
MOORE, GEORGE C.J. 105 S NARCISSUS AYE STE 812 W PAIM BCH FL 33401 City FL ZIO 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	Zip					iry			Tuncate of Status Desired	Fee Required		
MOORE, GEORGE C.J. 105 \$ NARCISSUS AYE STE 812 W PALM BCH FL 33401 City FL Zio 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 Fords. I am familiar with, and eccept the obligations of registered agent. SIGNATURE FILE NOWNIT FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Cheek Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. DPS EMMONES ON PASSANT ON SURREY TITLE DPS EMMONES ON SURSSANTE TO KINGSTON, SURREY TITLE DPS EMMONES ON SURSSANTE TO KINGSTON, SURREY TITLE Delete T												
City FL Zio Code 8. The above named entry submits this statement for the purpose of changing its registered office or negistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comment Comm	105 S NARCISSUS AVE STE 812					<u> </u>						
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	W FALLI BOTT PE SONOT					City Zip Code						
SIGNATURE Signature Signa	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											
Signature, upode or printed name of hydrifered sports and or largetication. (NOTE: Registered Apent digrets an experted when remarking) Details												
Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algreture required when reinstating) DATE											
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	After September 10, 2003 Fee will be \$750.00						•	-		44.0		
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	10.		DIRECTOR	3 5	11,			ADDI	TIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
CITY-ST-ZIP		EDMONDSON, DAVID				ı				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CTrange Addition	-								·			
CITY-ST-ZIP			<u>-</u>	☐ Delete		J				☐ Change	Addition	
TITLE Delete Delete TITLE Delete	STREET ADDRESS				STREE	T ADDRESS					1	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CTANGE CTANGE CITY-ST-ZIP CTANGE CTANGE CITY-ST-ZIP CTANGE			, -ri	Delate			,			Change	- 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP	STREET ADDRESS	، د میرد د ب خی ته بخ	·	ئىي ئىي ئىي ئى	STREE	TADDRESS				, ~,	-	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TOTALE CITY-ST-ZIP CITY-ST-ZIP TOTALE CITY-ST-ZIP CITY-ST-ZIP TOTALE CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS	ļ		•	STREE	T ADDRESS						
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME			☐ Delete	NAME				I	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		•				J.						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-SI-ZIP	,			☐ Delete						Change	Addition	
	STREET ADDRESS:				STREET	1.						
		artifus that the information of	·	4-4			12.5		Drawn Frank Co.			

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 of trustee empowered to expende his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen withan address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4th blagast 0

Daytime Phone 6