

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90417 040 ***150.00

DOCUMENT # P03000124662

1. Entity Name

Genesis Investment Group USA Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 Shader Road

3. Mailing Address

P.O. Box 547900

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

56-2413161

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32854

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Thomas M. Johnson

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

2600 Shader Road

City

Orlando,

FL

Zip Code

32804

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

Thomas M. Johnson

1645 Spruce Avenue

Winter Park, FL 32789

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President

Thomas W. Johnson

1876 Turnberry Terrace

Orlando, FL 32804

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary / Treasurer

Robert A. Robertson, Jr.

1225 Bryn Mawr Street

Orlando, FL 32804

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Johnson

4/20/04

(407)

Date

Daytime Phone #

CR2E034B (12/02)