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03 SEP 26 PM 2:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056457

1. Entity Name
GENESIS TECHNOLOGIES INC.

Principal Place of Business	Mailing Address
8687 MAIDSTONE COURT LARGO, FL 33777	8687 MAIDSTONE COURT LARGO, FL 33777

2. Principal Place of Business	3. Mailing Address
1720 Starkey Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO FL	City & State
Zip: 33771 Country: USA	Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3208607** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIZZELL, JOANNE
8687 MAIDSTONE COURT
LARGO, FL 34647

7. Name and Address of New Registered Agent

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 ____________________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Supplemental/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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIZZELL, JOANNE 8687 MAIDSTONE COURT LARGO, FL 34647 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WENDY CASTLE 526 Normandy Rd Madeira Beach, FL 33708 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MCINTYRE, ROBERT 8687 MAIDSTONE COURT LARGO, FL 34647 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President JoAnne Frizzell McIntyre 8687 Maidstone Ct. Largo FL 33777 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100023367811 09/26/03--01079--001 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: JoAnne McIntyre [signature] 9/19/03 (727) 812-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 9/29