

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065197

1. Entity Name

GENESIS ENVIRONMENTAL MARINE MONITORING, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90022 017 ***158.75

Principal Place of Business

Mailing Address

980 CAPE MARCO DR
APT #805
MARCO ISLAND FL 34145
US

980 CAPE MARCO DR
APT #805
MARCO ISLAND FL 34145-6362
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1083 N. Collier Blvd. 1083 N. Collier Blvd.
Suite, Apt. #, etc. #248 Suite, Apt. #, etc. #248

City & State

City & State

Marco Island, FL

Marco Island, FL

4. FEI Number

65-0568675

Applied For

Not Applicable

Zip

Country

34145 Collier

34145 Collier

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

BAXTER, JOHN F JR
980 CAPE MARCO DR
APT 805
MARCO ISLAND FL 34145

Name BAXTER, JOHN F., Jr.
Street Address (P.O. Box Number is Not Acceptable)
1083 N. Collier Blvd.
#248
City Marco Island, FL Zip Code 34145

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DTP	<input type="checkbox"/> Delete
NAME	BAXTER, JACK	
STREET ADDRESS	980 CAPE MARCO DR, APT 805	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BAXTER, JACK	
STREET ADDRESS	980 CAPE MARCO DR, APT 805	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROMANO, LUISE	
STREET ADDRESS	291 S. COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1083 N. Collier Blvd., #248	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1083 N. Collier Blvd., #248	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1083 N. Collier Blvd., #248	
CITY-ST-ZIP	Marco Island, FL 34145	
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		

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 Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John F. Baxter, Jr., PRES. 04-07-00 642-8225 (941)

CR2E034 (9/99)