

APPROVED
AND
FILED

01 JUN - 6 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P9400003198</u>			
1. Entity Name <u>JWGenesis Financial Group, Inc.</u>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business <u>980 North Federal Highway</u> Suite, Apt. #, etc.		3. Mailing Address <u>Corporation Service Company</u> Suite, Apt. #, etc. <u>1201 Hays Street</u> City & State <u>Tallahassee, FL</u> Zip <u>32301</u> Country <u>USA</u>	
City & State <u>Boca Raton, FL</u> Zip <u>33432</u> Country <u>USA</u>		4. FEI Number <u>65-0515766</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <u>Corporation Service Company</u> <u>1201 Hays Street</u> <u>Tallahassee, FL 32301</u>		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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <u>Carol R. Mullis</u> <u>301 S. College Street</u> <u>Charlotte, NC 28288</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <u>Gregg S. Glaser</u> <u>980 North Federal Highway</u> <u>Boca Raton, FL 33432</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <u>Jodel E. Marks</u> <u>980 North Federal Highway</u> <u>Boca Raton, FL 33432</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <u>Marshall T. Leeds</u> <u>980 North Federal Highway</u> <u>Boca Raton, FL 33432</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Carol R. Mullis</u> Vice President <u>6/5/2001</u>		Date <u>6/5/2001</u> Daytime Phone #	

CR2E034 (11/00)

500004367835 - 3



ACCOUNT NO. : 072100000032

REFERENCE : 175774 167868A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 550.00

ORDER DATE : June 6, 2001

ORDER TIME : 11:39 AM

ORDER NO. : 175774-025

CUSTOMER NO: 167868A

CUSTOMER: Ms. Aprille M. Mitchell
First Union Corporation
One First Union Center, Nc0630
Legal Division-31st Floor
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: JWGENESIS FINANCIAL GROUP, INC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS:

mw

RECEIVED
01 JUN -6 PM 12:04
DIVISION OF CORPORATION