

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042116

1. Entity Name

BUSINESS GENESIS, INC.

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

04-14-2000 90097 029 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 221350
HOLLYWOOD FL 33022

P.O. BOX 221350
HOLLYWOOD FL 33022-1350

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0603439

Applied For

Not Applicable

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

NOWELL, LYNNE HAMPTON
4211 ROOSEVELT ST
HOLLYWOOD FL 33021

Name Lynne Hampton
Street Address (P.O. Box Number is Not Acceptable)
4211 Roosevelt Street

City Hollywood FL Zip Code 33021

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 Lynne Hampton

(NOTE: Registered Agent signature required when reinstating)

4-10-2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	NOWELL, DANIEL A	P.O. BOX 221350, N/A	HOLLYWOOD FL 33022	<input checked="" type="checkbox"/>
D	NOWELL, LYNNE H	P.O. BOX 221350, N/A	HOLLYWOOD FL 33022	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P.D.	Lynne Hampton	P.O. Box 221350	Hollywood FL 33022	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Lynne Hampton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 305-960-2218

CR2E034 (9/99)