

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000093927**1. Entity Name
GENESIS ACQUISITION CORP.**Principal Place of Business**3910 U.S. HIGHWAY 301 N.
SUITE 140
TAMPA
33619

FL

Mailing Address3910 U.S. HIGHWAY 301 N.
SUITE 140
TAMPA
33619

FL

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**59-3350109**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HUMPHRIES J. GREGORY**
201 E. PINE STREET
SUITE 701
ORLANDO
32801

FL

US

7. Name and Address of New Registered Agent**Name****HUMPHRIES J. GREGORY****Street Address (P.O. Box Number is Not Acceptable)****20 N ORANGE AVENUE****SUITE 1000****City****ORLANDO****FL****Zip Code**
32801

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 **J. GREGORY HUMPHRIES****09/10/2001**

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, 2001 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
DSVP
LLEWELLYN MARK Y
820 E. PARK AVE. BLDG. 1, SUITE 200
TALLAHASSEE FL 32301 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSVP
WHEELER G. BRIAN
9250 CYPRESS GREEN DR., STE 200
JACKSONVILLE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSVP
CAREY WILLIAM B
3910 U.S. HIGHWAY 301 N., SUITE 140
TAMPA FL 33619 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSVP
GODLEY J. STEVE
3910 U.S. HIGHWAY 301 N., SUITE 140
TAMPA FL 33619 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MARRINER BRUCE E.
3910 U.S. HIGHWAY 301 N., SUITE 140
TAMPA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPCE
CALLAHAN RICHARD JJR.
3910 U.S. HIGHWAY 301 N., SUITE 140
TAMPA FL 33619 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: RICHARD J. CALLAHAN, JR.**DIRE****09/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)