

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90168 015 ***150.00

DOCUMENT # P95000093927

1. Entity Name
GENESIS ACQUISITION CORP.

Principal Place of Business	Mailing Address
3910 U.S. HIGHWAY 301 N. SUITE 140 TAMPA FL 33619	3910 U.S. HIGHWAY 301 N. SUITE 140 TAMPA FL 33619

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**

6. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY
20 N ORANGE AVENUE
SUITE 1000
ORLANDO FL 32801

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** _____

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, 2002 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

TITLE	DPCE <input type="checkbox"/> Delete
NAME	CALLAHAN, RICHARD J JR.
STREET ADDRESS	3910 U.S. HIGHWAY 301 N., SUITE 140
CITY-ST-ZIP	TAMPA FL 33619
TITLE	CD <input type="checkbox"/> Delete
NAME	MARRINER, BRUCE E.
STREET ADDRESS	3910 U.S. HIGHWAY 301 N., SUITE 140
CITY-ST-ZIP	TAMPA FL
TITLE	DSVP <input type="checkbox"/> Delete
NAME	GODLEY, J. STEVE
STREET ADDRESS	3910 U.S. HIGHWAY 301 N., SUITE 140
CITY-ST-ZIP	TAMPA FL 33619
TITLE	DSVP <input type="checkbox"/> Delete
NAME	CAREY, WILLIAM B
STREET ADDRESS	3910 U.S. HIGHWAY 301 N., SUITE 140
CITY-ST-ZIP	TAMPA FL 33619
TITLE	DSVP <input type="checkbox"/> Delete
NAME	WHEELER, G. BRIAN
STREET ADDRESS	9250 CYPRESS GREEN DR. , STE 200
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DSVP <input type="checkbox"/> Delete
NAME	LLEWELLYN, MARK Y
STREET ADDRESS	820 E. PARK AVE. BLDG. 1, SUITE 200
CITY-ST-ZIP	TALLAHASSEE FL 32301

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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]* **1/18/02** **813-620-4500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)