

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094185

1. Entity Name

GENESIS RESEARCH GROUP, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90062 041 ***150.00

Principal Place of Business

~~393 WHOOPIING LOOP, STE. 1401~~
ALTAMONTE SPRINGS FL 32701

Mailing Address

~~393 WHOOPIING LOOP, STE. 1401~~
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

450 Central Pkwy West

3. Mailing Address

450 Central Pkwy West

Suite, Apt. #, etc.

Suite 1200

Suite, Apt. #, etc.

Suite 1200

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip
32714

Country
US

Zip
32714

Country
US

4. FEI Number 59-3348253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GRAHAM, RUSSELL M.D.

~~393 WHOOPIING LOOP, STE. 1401~~
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name
(Same)

Street Address (P.O. Box Number is Not Acceptable)

450 Central Pkwy West, Suite 1200

City

Altamonte Springs

FL

Zip Code

32714

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS GRAHAM, RUSSELL M
CITY-ST-ZIP ~~393 WHOOPIING LOOP, STE. 1401~~
ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete
NAME D
STREET ADDRESS TAMAYO, RAUL M
CITY-ST-ZIP ~~393 WHOOPIING LOOP, STE. 1401~~
ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete
NAME D
STREET ADDRESS PORTEN, JUDITH A
CITY-ST-ZIP ~~393 WHOOPIING LOOP, STE. 1401~~
ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 450 Central Pkwy West, Suite 1200
CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE ☒ Change ☐ Addition
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STREET ADDRESS 450 Central Pkwy West, Suite 1200
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E034 (10/00)

004940