

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P96000042649

1. Entity Name

GENESIS INDUSTRIAL, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90039 036 \*\*\*150.00

Principal Place of Business

1411 GARDEN AVE  
TARPON SPRINGS FL 34689

Mailing Address

1411 GARDEN AVE  
TARPON SPRINGS FL 34689-2303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-3386623

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

CHRYSAKIS, EMMANUEL C  
 1411 GARDEN AVENUE  
 TARPON SPRINGS FL 34689

Name *Chris Chrysakis, Chris*  
 Street Address (P.O. Box Number is Not Acceptable)

931 Bayshore Drive  
 City *TARPON Springs* FL Zip Code *34689*

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, 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 ☐ Delete  
 NAME P  
 STREET ADDRESS CHRYSAKIS, EMMANUEL  
 CITY-ST-ZIP 1411 GARDEN AVE  
TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS CHRYSAKIS, CHRIS  
 CITY-ST-ZIP 1411 GARDEN AVE  
TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS CHRYSAKIS, PHIL  
 CITY-ST-ZIP 1411 GARDEN AVE  
TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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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

3/1/00

Date

227 938-5382

Daytime Phone #

CR2E034 (9/99)