2001 UNIFORM BUSINESS REPORT (UBR)

May 07, 2001 8:00 am Secretary of State DOCUMENT # P96000097393 GENESIS ON-SITE INCORPORATED 05-07-2001 90013 034 ***150.00 Principal Place of Business Mailing Address 4022 E 12 AVE 4022 E 12TH AVE STE 2 **TAMPA FL 33605** TAMPA FL 33605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3415215 Not Applicable Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOLONY, DANIEL F ESQ. Street Address (P.O. Box Number is Not Acceptable) 501 EAST KENNEDY BLVD. **SUITE 1400** TAMPA FL 33602 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition SMITH, CHRISTING M SMITH, CHRISTINE M NAME NAME 2412 E. 109TH ANG STREET ADDRESS 13620 LAKE MAGDALENE BLVD 412 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33618** CITY-ST-7IP TAMPA, FL TITLE ☐ Delete TITLE ☐ Addition SMITH , MICHAGE D SMITH, MICHAEL D NAME NAME E, 108TH AVE 13620 LAKE MAGDALENE BLVD 412 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33618** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS 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

MICHAGE D. SMITH 4/28/01