2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P9700060425** May 08, 2000 8:00 am Secretary of State GENESIS LANDSCAPING SERVICES, INCORPORATED 05-08-2000 90132 035 ***150.00 Principal Place of Business Mailing Address 3210 HWY. 390 3210 HWY. 390 PANAMA CITY FL 3245 PANAMA CITY FL 32405 3. Mailing Address Principal Place of Business 3210 Hwy 390 Same Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0808643 Panama Not Applicable 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 -Name -- - -MCDUFFIE, KIM Street Address (P.O. Box Number is Not Acceptable) 302 E. 2ND CT. PANAMA CITY FL 32405 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 FILE NOW!!! FEE IS \$150.00 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE Delete mc Duffie, Keith W NAME NAME MCDUFFIE, KEITH W 158 condie wick Cir STREET ADDRESS STREET ADDRESS 158 CANDLEWICK CIR CITY-ST-7IP CITY-ST-ZIP Panamacity EL32405 PANAMA CITY FL 32405 Change ☐ Addition 🙀 Delete TITI F mcDuffie, Kimberly M. MCDUFFIE, KIMBERLY M NAME STREET ADDRESS STREET ADDRESS 158 condlewick Cir 158 CANDLEWICK CIR Panama City FL 32405 Secretary/Treasurer Sondra C. Morris CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 Delete TITLE ☐ Change Addition TITLE NAME 707 Gabriel St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Panamacity, FL 32405 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR