2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P97000077062 May 02, 2000 8:00 am Secretary of State 1. Entity Name GENESIS PRODUCTS, INC. 05-02-2000 90123 018 ***150.00 Mailing Address Principal Place of Business 713 NE 5TH STREET 713 NE 5TH STREET SUITE 5 CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429-4300 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3470671 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ----7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent: Name PALLADINO, FRANK J Street Address (P.O. Box Number is Not Acceptable) 713 NE 5TH STREET SUITE 5 CRYSTAL RIVER FL 34429-4300 Zip Code Fl 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. PRESIDENT ☐ Addition Change TITLE ☐ Delete TITLE PALLADINO, FRANK J NAME NAME STREET ADDRESS 713 NE 5TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL 34429-4300 SECRETARY BURL R. SMITHHART, 670 NJ. CALIBOTION, ST SECRETARY ☐ Addition ☐ Delete TITLE TITLE SMITHMART, BURL R CPA NAME NAME STREET ADDRESS STREET ADDRESS 670 N COURNENAY PARKWY, STE F 670 N. COURTENAY PARKWAY SWITE CITY-ST-ZIP CITY-ST-7IP **MERRITT ISLAND FL 32953** TREASURER LISA A. PALLADINA (ADDITION) TITLE Delete TITLE TREASURERS. LISA A. PALLADINO NAME NAME STREET ADDRESS STREET ADDRESS TECHNOLOGIES CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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.