

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2000 90123 018 ***150.00

DOCUMENT # P97000077062

1. Entity Name
GENESIS PRODUCTS, INC.

Principal Place of Business 713 NE 5TH STREET SUITE 5 CRYSTAL RIVER FL 34429 US	Mailing Address 713 NE 5TH STREET SUITE 5 CRYSTAL RIVER FL 34429-4300 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3470671	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent:

PALLADINO, FRANK J
713 NE 5TH STREET
SUITE 5
CRYSTAL RIVER FL 34429-4300

7. Name and Address of New Registered Agent:

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT <input type="checkbox"/> Delete	NAME PALLADINO, FRANK J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 713 NE 5TH STREET	CITY-ST-ZIP CRYSTAL RIVER FL 34429-4300	STREET ADDRESS SECRETARY	
TITLE SECRETARY <input type="checkbox"/> Delete	NAME SMITHMART, BURL R CPA	TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 670 N COURTENAY PARKWY, STE F	CITY-ST-ZIP MERRITT ISLAND FL 32953	STREET ADDRESS BURL R. SMITHMART, CPA	
TITLE TREASURER <input type="checkbox"/> Delete	NAME LISA A. PALLADINO	TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS (ADDITION)	CITY-ST-ZIP AMEX TECHNOLOGIES	STREET ADDRESS LISA A. PALLADINO	
TITLE <input type="checkbox"/> Delete	NAME AMEX TECHNOLOGIES	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1725 N. COMMERCE PARKWAY	CITY-ST-ZIP FT. LAUDERDALE, FL 33326	STREET ADDRESS 1725 N. COMMERCE PARKWAY	
TITLE <input type="checkbox"/> Delete	NAME FRANK J. PALLADINO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 713 NE 5TH STREET	CITY-ST-ZIP CRYSTAL RIVER FL 34429-4300	STREET ADDRESS 713 NE 5TH STREET	
TITLE <input type="checkbox"/> Delete	NAME FRANK J. PALLADINO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 713 NE 5TH STREET	CITY-ST-ZIP CRYSTAL RIVER FL 34429-4300	STREET ADDRESS 713 NE 5TH STREET	

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: Frank J. Palladino **4/20/00** **321-455-4464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
FRANK J. PALLADINO - PRESIDENT

CR2E034 (9/99)