FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90172 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80116429

DOCUMENT # P97000096330

1. Entity Name
GENESIS DIVERSIFIED INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1413 S. HOWARD AVE 214 TAMPA, FL 33629	501 S. DAKOTA AVENUE, STE B-2 TAMPA, FL 33606-2501

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	8033 W. Sunset Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 842
City & State	City & State Los Angeles CA
Zip / Country	Zip 90046 / Country USA

4. FEI Number 59-3509210 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JACOBSON, DOUGLAS E
1413 S. HOWARD AVE #214
TAMPA, FL 33629

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5/1/03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EL-BATRAWI, RAMY 1413 S. HOWARD AVE #214 TAMPA, FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JACOBSON, DOUGLAS E 1413 S. HOWARD AVE #214 TAMPA, FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Douglas E Jacobson 5/1/03 (813)254-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #