

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT -7 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

P98000003870
GENESIS INSULATION, INC.

DO NOT WRITE IN THIS SPACE

000008304550--0
-10/10/02--01035--013
****550.00 ****550.00

2. Principal Place of Business
12602 Old St. Augustine Road

3. Mailing Address
12602 Old St. Augustine Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3489839

Applied For
Not Applicable

Zip
32258

Country
US

Zip
32258

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Steven F. Crossley

Street Address (P.O. Box Number is Not Acceptable)
12602 Old St. Augustine Road

City
Jacksonville

FL Zip Code
32258

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax Filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P/D	Crossley, Steven F.	12602 Old St. Augustine Road	Jacksonville, FL 32258
V	Crossley, Bernadette	12602 Old St. Augustine Road	Jacksonville, FL 32258

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven F. Crossley* Steven F. Crossley, President

9/9/02

(904) 731-7757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

9/10/02