

FILED
Jul 21, 2003 8:00 am
Secretary of State

5/2

05-05-2003 91868 024 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000003870

1. Entity Name
GENESIS INSULATION, INC.



Principal Place of Business
12602 OLD ST AUGUSTINE ROAD
JACKSONVILLE, FL 32258

Mailing Address
12602 OLD ST AUGUSTINE ROAD
JACKSONVILLE, FL 32258

44005590



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3489839

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSSLEY, STEVEN F
12602 OLD ST AUGUSTINE ROAD
JACKSONVILLE, FL 32258**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW WITH FEES: \$150.00
May 1, 2003. If \$150.00
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	PO	☐ Delete
NAME	CROSSLEY, STEVEN F	
STREET ADDRESS	12602 OLD ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	President
TITLE	V	☒ Delete
NAME	CROSSLEY, BERNADETTE	
STREET ADDRESS	12602 OLD ST AUGUSTINE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Gerald Anthony Newman	☐ Addition
NAME	484902 Dawin Road	4849-2
STREET ADDRESS	Jacksonville, FL 32207	Vice-President
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Gerald A. Newman / Gerald A. Newman 5/1/03 904-294-4003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)