

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005358

1. Entity Name

FIRST UNION GENESIS HOLDINGS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 FEB 21 PM 12:43

Principal Place of Business

980 NORTH FEDERAL HIGHWAY #210
BOCA RATON FL 33432

Mailing Address

CSC
2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON DE 19808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

up

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0811010

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 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 PD ☐ Delete
NAME STAPLES, MARK S
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME 400012970564
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MULLIS, CAROL
STREET ADDRESS 301 S COLLEGE STREET
CITY-ST-ZIP CHARLOTTE NC 28288

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CFOD ☐ Delete
NAME GLASER, GREGG
STREET ADDRESS 980 N. FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME HEBNER, DAVID A
STREET ADDRESS 301 S. COLLEGE STREET
CITY-ST-ZIP CHARLOTTE NC 28288

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LEEDS, MARSHALL T
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Karen Wimbish
CITY-ST-ZIP 901 E. Byrd
Richmond, VA 23219

TITLE D ☐ Delete
NAME MONDAY, DAVID
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33432

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:

Carol R. Mullis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2003 704-374-4438

Date

Daytime Phone #

CR2E034 (10/02)