

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90098 003 ***150.00

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DOCUMENT # P98000026886

1. Entity Name
GENNSYS INTERNATIONAL, INC.



Principal Place of Business
**5369 N HIATUS RD
SUNRISE FL 33351-8718**

Mailing Address
**5369 N HIATUS RD
SUNRISE FL 33351-8718**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0836215**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHUSTER, LESLEY
139 W PALMETTO PARK ROAD
BOCA RATON FL 33432**

Name **K-AM-K-ACCOUNTING + TAX SERVICE**

Street Address (P.O. Box Number is Not Acceptable)

2825 N. UNIVERSITY DR. STE #410

City **LOVAL SPRINGS**

FL

Zip Code **33065**

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 **DENI KENT PRESIDENT/CPA**

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 Delete
NAME **D SHUSTER, LESLEY**
STREET ADDRESS **4174 INVERRARY DR #904**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE Change Addition
NAME **D SHUSTER, LESLEY**
STREET ADDRESS **4717 NW 67th AVE**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 **954 747 5240**
Date Daytime Phone #

CR2E034 (10/02)