2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am Secretary of State

DOCUMENT # P98000045570 GENMOR, INC

						03-22-2000 90011 027 ***150.00					
Principal Place of Business Mailing Address											
7 418_WESTMORELAND DRIVE			7 418 WESTMORELAND DRIVE SARASOTA PL 34243-1429								
						1111011111111	1818) IANH ABI	 			NI
			3. Mailing Address PO BOX 1800								
/279	TALLE	VAST RO	Suite, Apt. #, etc.				DO NOT	WRITE IN	THIS SF		
City & State	SOTA	FL	City'& State TALLE VA		4. F	El Number	65-084	5441		No	oplied For ot Applicable
Zip 34	243	USA Country	3,4270	USA	5 . C	Certificate of	Status Desi	red [8.75 Add ee Require	
	6. Name	and Address of Current F	Registered Agent	Nomo	7. N	ame and A	ddress of N	ew Regist	ered Ag	jent	
BOWMAN, DAVID G JR. Street Address											
		LE AVENUE		Street Address	s (P.O. Bo	ox Number i	s Not Accep	table)			
SUITE 3											,
SARASOTA FL 34237			1	City		·			FL	Zip Cod	e
		****	<u> </u>					, F	<u> </u>		
8. The above	named entity	submits this statement for	the purpose of changing if	ts registered office or regis	tered age	ent, or both,	in the State	of Florida.			
SIGNATURE _			i								
SIGNATURE.	Signature, typed o	r printed name of registered agent a	nd title if applicable (NC	TE: Registered Agent signature requ	ired when rei	nstating)			DATE		
9. This corpo Tax filing re (See criter	/!!! FEE IS \$150.00 2000 Fee will be \$550.00 able to Department of S			ion Campaiç Fund Contri	•	ng 🗆	\$5.0 Added	May Be			
11,		12.		DITIONS/CH	HANGES TO	OFFICER	S AND E	DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS	7418 WES	N, EUGENE H TMORELAND DRIVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,,,					Change	Addition
CITY-ST-ZIP	D SAKASUT	A FL 34243		TITLE						Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	BECKSTEI 7418 WES	N, ANNABELLE TMORELAND DRIVE A FL 34243	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP					'	Onange	Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.