

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90127 038 ***150.00

DOCUMENT # P98000056599

1. Entity Name
GENESIS DESIGN & CONSTRUCTION, INC.



Principal Place of Business
**1352 NORTHWEST 61ST TERRACE
GAINESVILLE FL 32605**

Mailing Address
**1352 NORTHWEST 61ST TERRACE
GAINESVILLE FL 32605**

2. Principal Place of Business
6767 NW 105th AVE.
Suite, Apt. #, etc.

3. Mailing Address
481 TURKEY CREEK
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
ALACHUA, FL
Zip
32615 Country
USA

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ALACHUA, FL
Zip
32615 Country
USA

4. FEI Number
59-3519238

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BATES, ALLEN K
1352 NW 61 TERRACE
GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
481 TURKEY CREEK
City **ALACHUA** **FL** Zip Code **32615**

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 *Allen K. Bates*

ALLEN K. BATES

1/16/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATES, ALLEN K 1352 NORTHWEST 61ST TERRACE GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATES, REBECCA A 1352 NORTHWEST 61ST TERRACE GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	481 TURKEY CREEK ALACHUA, FL 32615	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	481 TURKEY CREEK ALACHUA, FL 32615	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Allen K. Bates*
ALLEN K. BATES

1/16/03

**386 -
462-2884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)