

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90261 041 \*\*\*150.00

**DOCUMENT # P98000080780**

1. Entity Name  
**GENESIS 3, INC.**



Principal Place of Business

~~258 BANGSBORO RD~~  
~~PORT CHARLOTTE FL 33952~~

Mailing Address

~~258 BANGSBORO RD~~  
~~PORT CHARLOTTE FL 33952~~

**90002859**



2. Principal Place of Business

**13145 SW 104 TER.**

3. Mailing Address

**13145 SW 104 TER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number **65-0872235**

Applied For

Not Applicable

Zip **33186** Country **USA**

Zip **33186** Country **USA**

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

6. Name and Address of Current Registered Agent

~~W~~**BOWER, BRIAN VAN**  
**13145 SW 104TH TERRACE**  
**MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **Corrected last 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 **Brian Van Bower** **BRIAN VAN BOWER** **1-13-03**

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 **DPT** ☐ Delete  
NAME ~~W~~**BOWER, BRIAN VAN**  
STREET ADDRESS **13145 SW 104TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **DV** ☐ Delete  
NAME **PHILLIPS, SKIP**  
STREET ADDRESS **28942 WELSHOME VIEW**  
CITY-ST-ZIP **ESCONDIDO CA 92026**

TITLE **DS** ☐ Delete  
NAME **TISHERMAN, DAVID**  
STREET ADDRESS **504 6TH STREET**  
CITY-ST-ZIP **MANHATTAN BEACH CA 90266**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **BOWER, BRIAN VAN**  
STREET ADDRESS  
CITY-ST-ZIP **CORRECTION OF LAST NAME**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-03** **305**  
**BRIAN VAN BOWER** **383-7266**

Date

Daytime Phone #

CR2E034 (10/02)