

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90013 016 ***150.00

DOCUMENT # P99000010801
 1. Entity Name
GENESIS MANAGEMENT CONSULTING, INC.

Principal Place of Business Mailing Address
3926 AMERICANA DRIVE TAMPA FL 33634 **3926 AMERICANA DRIVE TAMPA FL 33634-7405**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3554637** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LIBOW, ALLEN H
301 YAMATO ROAD
SUITE 4199
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
 Name **BRIAN D. ROBERTS**
 Street Address (P.O. Box Number is Not Acceptable) **3926 AMERICANA DRIVE**
 City **TAMPA** FL Zip Code **33634**

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.
 SIGNATURE *Brian D. Roberts* **BRIAN D. ROBERTS** DATE **1/25/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	ROBERTS, BRIAN
STREET ADDRESS	3926 AMERICANA DRIVE
CITY-ST-ZIP	TAMPA FL 33634
TITLE	D <input type="checkbox"/> Delete
NAME	ROBERTS, ALLISON
STREET ADDRESS	3926 AMERICANA DRIVE
CITY-ST-ZIP	TAMPA FL 33634
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: *Brian D. Roberts* **BRIAN D. ROBERTS** DATE **1/25/00** (813) 249-1229
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)