

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020575

1. Entity Name

GENESIS ELECTRIC, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90024 013 ***150.00

Principal Place of Business

6810 OAK HILL DRIVE NORTH
LAUDERHILL FL 33068

Mailing Address

6810 OAK HILL DRIVE NORTH
LAUDERHILL FL 33068

2. Principal Place of Business

6810 OAK HILL.

Suite, Apt. #, etc.

3. Mailing Address

6810 OAK HILL.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH LAUDERDALE, FL.

City & State

NORTH LAUDERDALE, FL.

4. FEI Number

65-0902957

Applied For

Not Applicable

Zip

33068

Country

Zip

33068

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMAN, DAVID M
7820 PETERS ROAD VE NORTH
SUITE E-103
OLANTATION FL 33324

Name

BAUMAN DAVID M.

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

7119 W. BROWARD BLVD.

City

PLANTATION

FL

Zip Code

33317

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSV ALLBRIGHT, WILLIAM J 6810 OAK HILL DRIVE NORTH LAUDERHILL FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLBRIGHT, WILLIAM J 6810 OAK HILL DRIVE NORTH LAUDERHILL FL 33068	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSV ALBRIGHT William J 6810 OAK HILL N. LAUDERDALE FL. 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRIGHT William J 6810 OAK HILL N. LAUDERDALE FL. 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

William J. ALBRIGHT

3-6-00

954-972-2935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)