

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000020575**1. Entity Name
GENESIS ELECTRIC, INC.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90034 012 ***158.75

Principal Place of Business
6810 OAK HILL DRIVE NORTH
LAUDERHILL FL 33068Mailing Address
6810 OAK HILL DRIVE NORTH
LAUDERHILL FL 33068

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6810 OAKHILL.3. Mailing Address
6810 OAKHILL.City & State
NORTH LAUDERDALE, FLCity & State
NORTH LAUDERDALE, FL4. FEI Number **65-0902957**
Applied For
Not ApplicableZip
33068

Country

Zip
33068

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent
BAUMAN, DAVID M
7119 W. BROWARD BLVD
PLANTATION FL 333177. Name and Address of New Registered Agent
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.

SIGNATURE _____ DATE _____
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSV ALBRIGHT, WILLIAM J 6810 OAK HILL DRIVE NORTH LAUDERHILL FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6810 OAK HILL. NORTH LAUDERDALE, FL. 33068
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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.

SIGNATURE: William Albright **WILLIAM ALBRIGHT** 1-7-01 954-931-4326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0516852

CR2E034 (10/00)