

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90019 013 ***550.00

DOCUMENT # P99000096295

1. Entity Name
 GENIE KNOWS.COM, INC.

Principal Place of Business
 C/O DAVID P. BURKE
 ONE HARBOUR PLACE, SUITE 500
 TAMPA FL 33602
 OC

Mailing Address
 C/O DAVID P. BURKE
 ONE HARBOUR PLACE, SUITE 500
 TAMPA FL 33602
 OC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 C/O GERRY LOWE
 Suite, Apt. #, etc.
 321 SO. ISLE DR.
 City & State
 ST. PETERSBURG BEACH
 Zip
 33706
 Country
 U.S.A

3. Mailing Address
 C/O GERRY LOWE
 Suite, Apt. #, etc.
 321 - SO. ISLE DR.
 City & State
 ST. PETERSBURG BEACH
 Zip
 33706
 Country
 U.S.A

4. FEI Number 59-3608848
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BURKE, DAVID P
 ONE HARBOUR PLACE, SUITE 500
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
 GERRY LOWE
 Street Address (P.O. Box Number is Not Acceptable)
 321 SOUTH ISLE DR.
 ST. PETERSBURG BEACH
 City
 FL Zip Code
 33706

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

(NOTE: Registered Agent signature required when reinstating)

DATE
 SEPT 7 '01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D ROMKEY, BARRIE W 8 WOODBANK TERRACE HALIFAX, NOVA SCOTIA B3M 3K4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMODAH, RAMI A.R. 8 SARAGUAY PLACE HALIFAX, NOVA SCOTIA B3K 2N9 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, JOHN A 35 BECKFOOT DRIVE DARTMOUTH, NOVA SCOTIA B2Y 4H9 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BARBARA MANNING 35 BECKFOOT DR. DART. B2Y4H9, N.S. CANADA <input type="checkbox"/> Change <input checked="" 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
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: *JOHN A. MANNING*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
 Sept 5, 2001

Daytime Phone #

CR2E034 (5/01)