

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15783

1. Entity Name

GENESIS GRAPHICS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90086 005 ***150.00

Principal Place of Business

Mailing Address

GENESIS GRAPHICS INC
2813 NATURAL BRIDGE ROAD
TALLAHASSEE FL 32311
US

P.O. BOX 1091
WOODVILLE FL 32362-1091
US

2. Principal Place of Business

3. Mailing Address

2813 Natural Bridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State
Tallahassee FL

4. FEI Number

59-3107108

Applied For

Not Applicable

Zip

Country

Zip

32311

Country

Leon

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

HALL, CLAYTON R HALL
2813 NATURAL BRIDGE ROAD
TALLAHASSEE FL 32311

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 Clayton B. Hall Jr. President

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/26/00

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 PCS ☐ Delete
NAME HALL, CLAYTON R JR
STREET ADDRESS 3956 CAMINO RAOD
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☒ Delete
NAME HALL, TRACEY A.
STREET ADDRESS 3956 CAMINO REAL
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Clayton B. Hall Jr. President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00
Date

850 421-7787
Daytime Phone #

CR2E034 (9/99)