

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000001791

1. Entity Name
GREEN CARD SERVICE, INC.

| | |
|--|---|
| Principal Place of Business 733 LANDOVER CT., UNIT 104 NAPLES FL 341047833 | Mailing Address 7231 RADIO ROAD, PMB #408 NAPLES FL 341046707 |
|--|---|

| | |
|--|--|
| 2. Principal Place of Business 733 LANDOVER COURT | 3. Mailing Address 4001 SANTA BARBARA BLVD. |
|--|--|

| | |
|---------------------------------|----------------------------------|
| Suite, Apt. #, etc. UNIT 104 | Suite, Apt. #, etc. PMB # 333 |
|---------------------------------|----------------------------------|

| | |
|---------------------------|---------------------------|
| City & State NAPLES FL | City & State NAPLES FL |
|---------------------------|---------------------------|

| | | | |
|------------------|---------|------------------|---------|
| Zip 341047833 | Country | Zip 341048808 | Country |
|------------------|---------|------------------|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0999203 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALLINAN VINCENT A
 733 LANDOVER CT., UNIT 104

 NAPLES FL 341047833

7. 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 _____ **04/27/2001**
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, 2001 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 | <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 | |
| 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 | V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HALLINAN SUSANNA |
| STREET ADDRESS | 733 LANDOVER COURT, # 104 |
| CITY-ST-ZIP | NAPLES FL 34104 |
| TITLE | P/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HALLINAN VINCENT A |
| STREET ADDRESS | 733 LANDOVER COURT, # 104 |
| CITY-ST-ZIP | NAPLES FL 34104 |
| 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: VINCENT A. HALLINAN P 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)