

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90192 028 ***150.00

DOCUMENT # P93000002144

1. Entity Name

GREEN RELEAF BIOTECH, INC.

Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD
 SUITE 2340
 JACKSONVILLE FL 32207

1301 RIVERPLACE BLVD
 SUITE 2340
 JACKSONVILLE FL 32207-9022

2. Principal Place of Business

3683 Crown Point Rd
 Suite, Apt. #, etc.

3. Mailing Address

3683 Crown Point Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville FL

4. FEI Number

59-3164950

Applied For

Not Applicable

Zip

32257

Country

Dual

Zip

32257

Country

Dual

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

WHITMAN, PAUL S
 1301 RIVERPLACE BLVD
 SUITE 2840
 JACKSONVILLE FL 32207

Name

Whitman, Paul S

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

3683 Crown Point Rd

City

Jacksonville

FL

Zip Code

32257

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

Paul S Whitman

VP-Finance

3/7/00

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 **V** Delete
 NAME **SHIACLIFF, ROBERT T**
 STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 2529**
 CITY-ST-ZIP **JACKSONVILLE FL 32201**

TITLE **D** Change Addition
 NAME **SHIACLIFF, ROBERT T.**
 STREET ADDRESS **1725 MEMORIAL PARK DR**
 CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **DC** Delete
 NAME **OTTARSTROER, DOUANE L**
 STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 2340**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **DC** Change Addition
 NAME **OTTARSTROER, DOUANE L.**
 STREET ADDRESS **3683 CROWN POINT RD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **D** Delete
 NAME **POWERS, WARREN P**
 STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1904**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VS** Delete
 NAME **WHITMAN, PAUL S**
 STREET ADDRESS **2100 CORPORATE SQUARE BLVD., STE. 201**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VS** Change Addition
 NAME **Whitman Paul S**
 STREET ADDRESS **3683 Crown Point Rd**
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Paul S Whitman

3/7/00

904-260-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)