

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90356 017 ***150.00

DOCUMENT # P93000002144
1. Entity Name
 GREEN RELEAF Biotech, Inc.

Principal Place of Business **Mailing Address**
 3683 Crown Point Rd SAME
 Jacksonville, FL 32257

769094

2. Principal Place of Business **3. Mailing Address**
 3683 Crown Point Rd SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State Jacksonville FL **City & State**
Zip 32257 **Country** Dural **Zip** **Country**

4. FEI Number 59-3164950 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Whitman, Paul S
 3683 Crown Point Rd
 Jacksonville, FL 32257

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  VP-FINANCE **DATE** 4/26/01
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 NOTICE 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 Delete

TITLE	D.C.	<input type="checkbox"/> Delete
NAME	OTENSTROB, JUNE L.	
STREET ADDRESS	3683 CROWN POINT RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	V.S.	<input type="checkbox"/> Delete
NAME	WHITMAN, Paul S.	
STREET ADDRESS	3683 CROWN POINT RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, WALTER P.	
STREET ADDRESS	1301 RIVERPLANE Blvd Suite 1904	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIACLIFF, Robert T.	
STREET ADDRESS	1725 MEMORIAL Park Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
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 Change Addition

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		
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:  Paul S. Whitman V.P. Finance 4/26/01 904-260-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED34 (11/00)