2002 Uniform Business Report (UBR)

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SIGNATURE:

Mar 14, $\overline{2002}$ 8:00 am $\frac{8}{5}$ P94000016732 DOCUMENT # **Secretary of State** 1. Entity Name GREEN VISIONS, INC. 03-14-2002 90031 028 ***150.00 Principal Place of Business Mailing Address P.O. BOX 352721 1363 W HIGHWAY 100 PALM COAST FL 32135 BUNNELL FL 32110 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3231313 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERALD EGGERT, GERALD A Street Address (P.O. Box Number is Not Acceptable) 11 MOODY DR PALM COAST FL 32137 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition ☐ Delete TITLE TITLE EGGERT, GERALD A. NAME NAME 11 MOODY DRIVE STREET ADDRESS STREET ADDRESS PALM COAST FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ۷P TITLE ☐ Delete TITLE HOUSTON, SAUNDRA NAME NAME STREET ADDRESS STREET ADDRESS 1375 W HWY 100 CITY-ST-ZIP **BUNNELL FL 32135** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receipt 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 chapter do not not attach the anaddess, with all other like empowered.

2-26-02

FILED