## 2001.UNIFORM BUSINESS REPORT (UBR) FILED Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P96000050149 MITCH GREEN INSURANCE AGENCY, INC. 04-20-2001 90162 042 \*\*\*158.75 Principal Place of Business Mailing Address 2 AZALEA DR 2 AZALEA DR DEBARY FL 32713 DEBARY FL 32713 8003216A 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3391748 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Feinundez aule n PAIGE C TARVER, P.A. Address (P.O. Box Number is Not Acceptable) 7600 RED RD PH 304 MIAMI FL 33143 <u>ೱಀಀೱ</u> comits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE ignature, 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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 11. OFFICERS AND DIRECTORS 12. **PSTD** ☐ Addition Change Delete TITLE TITLE GREEN, MITCHELL A NAME NAME 2 AZALEA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accured and that my signature shall have the same legal effect as if made under oath; that I am an officer or director beyond this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this fi indicated on this report or supplemental report of the corporation or the receive changed, or on an attachment w SIGNATURE: