

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90029 043 ***150.00

0086260 AV

DOCUMENT # G02888

1. Entity Name

GREENE'S TRUCK PLAZA, INC.

Principal Place of Business

**3305 S WASHINGTON AVE.
 TITUSVILLE FL 32780
 US**

Mailing Address

**3305 S WASHINGTON AVE.
 TITUSVILLE FL 32780
 US**

2. Principal Place of Business

3090 SAUNDERS PL

Suite, Apt. #, etc.

3. Mailing Address

3090 SAUNDERS PL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TITUSVILLE, FL

City & State
TITUSVILLE FL

4. FEI Number **59-2225500**

Applied For
 Not Applicable

Zip
32780

Country
USA

Zip
32780

Country
USA

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

6. Name and Address of Current Registered Agent

**GREENE, JOHN G.
 3305 S WASHINGTON AVE.
 TITUSVILLE FL 32780**

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 _____
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE, JOHN G 3305 S WASHINGTON AVE. TITUSVILLE FL 32780 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENE, JEFFREY B. 1011 INDIAN RIVER AVENUE TITUSVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENE, LUELLA A. 3090 SAUNDERS PLACE TITUSVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEFFREY B. GREENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1011 INDIAN RIVER AVE TITUSVILLE FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHN G. GREENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3305 S. WASHINGTON AVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUELLA A. GREENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3090 SAUNDERS PL TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LueLLa A. Greene LueLLa A. Greene 3-7-02 321-267-3425
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)