

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90322 017 ***150.00

DOCUMENT # P00000039526

1. Entity Name
GREEN CORPS, INC.



Principal Place of Business
**10000 HINES RD.
TAMPA FL 33610**

Mailing Address
**P O BOX 16744
TAMPA FL 33687**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3641622**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**TIMMERMAN, J. TODD
101 E. KENNEDY BLVD., STE. 2800
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BARROW, RONNIE M	
STREET ADDRESS	2338 TIOPA DRIVE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAILEY, MICHAEL E	
STREET ADDRESS	1000 HINES ROAD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HUGHES, SHEA A	
STREET ADDRESS	10000 HINES ROAD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bailey, Michael	
STREET ADDRESS	1000 Hines Road	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shea Hughes	
STREET ADDRESS	10000 Hines Rd.	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Erdmann	
STREET ADDRESS	10000 Hines Rd	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Wolfe	
STREET ADDRESS	10,000 Hines Rd	
CITY-ST-ZIP	Tampa, FL 33610	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)