

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90029 040 ***150.00

80127010

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L04728

1. Entity Name
GREENCO MANUFACTURING CORP.

Principal Place of Business
5688 W. CRENSHAW
TAMPA, FL 33634

Mailing Address
5688 W. CRENSHAW
TAMPA, FL 33634



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

38-2348484

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

ALLISON, MICHELE J
5688 WEST CRENSHAW
TAMPA, FL 33634

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

A. 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

Name and title of person signing (print name and title of each signer)

(NOTE: Registered Agent signature must be with identification)

DATE

FILE NUMBER (FEE IS \$160.00)
Filing Fee: \$160.00
Filing Fee: \$160.00
Filing Fee: \$160.00

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 10

TITLE PVT ☐ **John**
NAME GREEN, JOSEPH H.
STREET ADDRESS 8826 CHESTERTON PLACE
CITY-ST-ZIP TAMPA, FL

TITLE PT ☒ **Change** ☐ **Addition**
NAME Joseph T. Green
STREET ADDRESS 5688 W. Crenshaw
CITY-ST-ZIP Tampa, FL 33634

TITLE S ☐ **John**
NAME ALLISON, MICHELE
STREET ADDRESS 8826 CHESTERTON PLACE
CITY-ST-ZIP TAMPA, FL

TITLE SV ☒ **Change** ☐ **Addition**
NAME Michele J. Allison
STREET ADDRESS 5688 W. Crenshaw
CITY-ST-ZIP Tampa, FL 33634

TITLE ☐ **John**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **John**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **John**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), 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 owner or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in block 10 or block 11 if changed, or on a true statement with an address, with all other information.

SIGNATURE

Michele J. Allison

6-13-03

813-882-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Entity Phone #

CITY OF TAMPA