

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 275080

1. Entity Name

GREENS ENERGY SERVICES, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90628 006 ***150.00

0592134 AT

Principal Place of Business

186 N. GOLDENROD
 P. O. BOX 570008
 ORLANDO FL 32857-7008

Mailing Address

186 N. GOLDENROD
 P. O. BOX 570008
 ORLANDO FL 32857-0008
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1029695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GREEN, JOHN T. JR.
 4298 TIDEWATER DR
 ORLANDO FL 32812

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 PD ☐ Delete
 NAME GREEN, JOHN T. JR
 STREET ADDRESS 4298 TIDEWATER DR
 CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
 NAME GREEN, JOHN T.
 STREET ADDRESS 2797 VINE ST.
 CITY-ST-ZIP ORLANDO FL 32806

TITLE SD ☐ Delete
 NAME SMITH, SUSAN L
 STREET ADDRESS 15120 ARABIAN WAY
 CITY-ST-ZIP MONTVERDE FL 34756

TITLE VD ☐ Delete
 NAME GREEN, JOHN W
 STREET ADDRESS 2918 RIVERS END ROAD
 CITY-ST-ZIP ORLANDO FL 32817

TITLE TP ☐ Delete
 NAME GREEN, REBECCA M
 STREET ADDRESS 4298 TIDEWATER DRIVE
 CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

407 282-5000

Daytime Phone #

CR2E034 (9/01)