2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 421738 1. Entity Name GREENLAW, INC.							Feb 11, 2002 8:00 am Secretary of State 02-11-2002 90209 029 ***150.00				
-рово х	Place of Busines	\$	Mailing Address P O BOX 155 PALMETTO FL 34220				I 188111 BIBIB 18881 HBII IN	RO (1181 (DI) DIDI	81281 81881 4 1841 8 1	1 0 14 0 3014 4 04 1	
236C	pal Place of Busin	ness 04 41 N	3. Mailing Address								
Suite,	Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Pa	metto	FL	City & State			4. F	FEI Number 59-1482262 Applied For Not Applicab				
342	20	054	Zip Countr		гу	5. (5. Certificate of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current Re	gistered Agent		Name	7. N	ame and Address of Ne	ew Registered	Agent		
GREENLAW, JOHN C 1307 UPPER MANATEE RIVER RD BRADENTON FL 34202				Street Address	Address (P.O. Box Number is Not Acceptable)						
BHAUI	ENIUN FL 3421	JZ	^		City			Fl	Zip Code	e .	
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 Sta				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.		OFFICERS AND DI		12.		AD	DITIONS/CHANGES TO	OFFICERS AN			
NAME STREET ADDI CITY-ST-ZIP	RESS 9652 18Th	W JONATHAN C I AVE CIRCLE NW DN FL	☐ Delate						☐ Change	Addition	
TITLE NAME STREET ADDI CITY-ST-ZIF	RESS 7611 3RD		☐ Delete		J				☐ Change	Addition	
TITLE NAME STREET ADDI CITY-ST-ZIE	ress 3203 AMA		☐ Delate -		1	 -			☐ Change	☐ Addition	
TITLE NAME STREET ADDI CITY-ST-ZIP	RESS		☐ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET AOOR	1		☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDI CITY-ST-ZIP	1		☐ Delete		1				☐ Change	☐ Addition	
13. I here indic	eby certify that the ated on this repor	e information supplied with the	is filing does not qualify for t ue and accurate and that my	the exem	nption stated in Sure shall have the	Section 1	19.07(3)(i), Florida Statut egal effect as if made un	tes. I further ce der oath; that I	rtify that the in am an officer	formation or director	