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FILED
May 21, 2002 8:00 am
Secretary of State

04-08-2002 90244 048 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 630056

1. Entity Name
GREENSBORO TRADING COMPANY, INC.

Principal Place of Business	Mailing Address
GREEN AVENUE PO BOX 159 GREENSBORO FL 32330	GREEN AVENUE PO BOX 159 GREENSBORO FL 32330

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip   Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip   Country

4. FEI Number 59-1922220   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PROCTOR, JOEL S
870 HIGHWAY 20
BRISTOL FL 32321

7. Name and Address of New Registered Agent

Name LEON M. ROBERTS
Street Address (P.O. Box Number is Not Acceptable) 656 KEVER L.N.
City GREENSBORO   FL   Zip Code 32330

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]   4-1-02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PROCTOR, JOEL S P O BOX 870 HIGHWAY 20 BRISTOL FL 32321 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEON M. ROBERTS P.O. BOX 726 GREENSBORO FL. 32330 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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]   4-1-02   442-4125 / 442-6179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #