4/8/

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-08-2002 90244 048 ***150.00

DOCUMENT # 630056

1. Entity Name
GREENSBORO TRADING COMPANY, INC.

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
PROCTOR, JOEL S	Name: LEON M. ROBERTS
870 HIGHWAY 20	Street Address (P.O. Box Number is Not Acceptable): 656 KEVER L.N.
BRISTOL FL 32321	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: Leon Roberts — DATE: 4-1-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	☒ Delete	P	☒ Change ☐ Addition
NAME	PROCTOR, JOEL S		LEON M. ROBERTS	
STREET ADDRESS	P.O BOX 870 HIGHWAY 20		P.O. BOX 726	
CITY-ST-ZIP	BRISTOL FL 32321		GREENSBORO FL. 32330	
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
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TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

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: Leon Roberts — 4-1-02 — 442-4125 / 442-6179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #