2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Mar 07, 2002 8:00 am				
DOCUMENT # 670693 1. Entity Name GREENE CONSTRUCTION SERVICE, INC.							Secretary of State 03-07-2002 90054 019 ***150.00				
2. Principal F	Place of Business	;	3. Mailing Address				1 100 110 01111 15011 00110 01110	ilili iiii bibli fib			
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE				
City & Stat	e		City & State			4.	FEI Number 59-202590	52	_ 	plied For	
Zip_——	- Country		· Zip- حت	- Coun	try ====	5.	Certificate of Status Desired	· · · · · · · · · · · · · · · · · · ·	8.75 Add		
	6. Name and Address of	of Current Rec	istered Agent	L			Name and Address of New	F	ee Require	d	
					Name				<u>,,,,,</u>		
GREENE, 2082 G.M	LANDON REX				Street A	ddress (P.O.	Box Number is Not Accepta	ble)			
	W FL 32536			!							
					City			FL	Zip Code	e	
8. The above	named entity submits this st	tatement for the	e purpose of changing its	registere	ed office or	registered ac	ment, or both, in the State of				
OF THE GEOVE	Thairida dhaiy dadhiila siila d	aloman ioi iii	o purpose or enanging no	109,0.0.	,	Togiotoroa as	gority of boar, in allo otatio of	Torradi			
SIGNATURE	Signature, typed or printed name of re-	gistered agent and t	itle if applicable. (NOT	E: Registere	l Agent signatu	ure required when i	reinstating)	DATE			
9 This corne	pration is eligible to satisfy its		FILE NOW!			<u>-</u> .	T				
Tax filing	requirement and elects to do ria on back)		After May 1, 20 Make Check Payat	02 Fee	will be \$5	50.00	10. Election Campaign I Trust Fund Contribu			O May Be I to Fees	
11.		CERS AND DIR		12.	epartinen		DDITIONS/CHANGES TO O	FEICERS AND I	NECTORS	3 IN 11	}
TITLE	STD	221.07412 211	□ Delete	TITLE			<u> </u>		☐ Change	☐ Addition	9
NAME STREET ADDRESS CITY-ST-ZIP	GREENE, LANDON REX 2002 GMC LANE CRESTVIEW FL 32536				ET ADDRESS ST-ZIP	2083	2 GM CLANE				E034 (9/01)
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NAME	GREENE, LARRY RONA 4990 ANTIOCH ROAD	LD .		NAME			* •			ļ	
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CITY-ST-ZIP	CRESTVIEW FL				ST-ZIP	2012	Ne Leon R LACEY LAN 257 Stew, FC	'6 7.25	36		
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CITY-ST-ZIP					ST-ZIP		·				
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CITY-ST-ZIP	<u></u>				ST-ZIP						
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NAME STREET ADDRESS				NAME	T ADDRESS						
CITY-ST-ZIP					ST-ZIP						
13. I hereby of indicated of the corchanged,	certify that the information su on this report or supplement poration or the receiver or tru or on an attachment with an	pplied with this ial report is trudustee empowed address, with	filing does not qualify for e and accurate and that n red to execute this report all other like empowered.	the exer ny signat as requir	nption stature shall had by Cha	ed in Section de the same ster 607, Flor	119.07(3)(i), Florida Statuter legal effect as if made unde ida Statutes; and that my na	s. I further certify r oath; that I an me appears in	y that the in an officer Block 11 or	formation or director Block 12 if	