2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # 819405** 1. Entity Name THE CURT GREEN COMPANY 02-06-2001 90052 033 ***150.00 Principal Place of Business Mailing Address 950 YULEE ST. 950 YULEE ST. TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1113423 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, TRUMAN C JR Street Address (P.O. Box Number is Not Acceptable) 2709 MCELROY STREET TALLAHASSEE FL 32304 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PD TITLE TITLE ☐ Delete NAME GREEN, TRUMAN CURTIS, JR NAME STREET ADDRESS STREET ADDRESS 950 YULEE STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Change ☐ Addition ☐ Delete TITLE TITLE GREEN, EVELYN J. NAME NAME STREET ADDRESS 950 YULEE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition ☐ Delete TITLE GREEN, JUMN RUSSELE STREET ADDRESS 950 YULEE STREET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Green

02/01/01

(850) 576-8862