2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000005450

Entity Name: GREEN ACRES SANCTUARY, INC.

() Delete

WESLAGER, GARY

ACME, PA 15610

127 WINDY RIDGE RD

Title:

Name:

Address:

City-St-Zip:

FILED Apr 08, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 930 NE 24TH AVE POMPANO BEACH, FL 33062 **Current Mailing Address: New Mailing Address:** 930 NE 24TH AVE POMPANO BEACH, FL 33062 FEI Number: 25-1627532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORTON, CAROLE A 930 NE 24TH AVE POMPANO BEACH, FL 33062 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BALL, MATT Name: Name: Address: 211 INDIAN DR Address: City-St-Zip: PITTSBURGH, PA 15238 City-St-Zip: Title: () Delete Title: () Change () Addition WESLAGER, GRETCHEN Name: Name: Address: 127 WINDY RIDGE RD Address: City-St-Zip: ACME, PA 15610 City-St-Zip: Title: **PST** () Delete Title: () Change () Addition MORTON, CAROLE A Name: Name: Address: 930 NE 24TH AVE Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CAROLE A. MORTON PST 04/08/2003

() Change () Addition