## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 15, 2002 8:00 am DOCUMENT # F60158 **Secretary of State** 1. Entity Name 01-15-2002 90059 004 \*\*\*150.00 RICHARD G. GREENAWALT, C.P.A., P.A. Principal Place of Business Mailing Address 5844- S.W.- 17TH ST.> 5841 S.W. 17TH ST . 00191 FORT LAUDERDALE-FL-33317 FORT LAUDERDALE FL 33317 2. Principal Place of Business 3. Mailing Address 1145 N.W. 117 AVE 1145 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For ORAL SPRINGS SPRINGS 59-2145532 CORAL Not Applicable 33<u>07</u>/ Country 33071 \$8.75 Additional 5. Certificate of Status Desired BROWARD BROWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENAWALT, RICHARD G. 5841 S.W. 17TH ST-FORT LAUDERDALE FL 33317. 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 gnature, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **Delete** TITI F NAME Greenwalt, Richard G CORAL SPRINGS FZ. NAME STREET ADDRESS 5841 S.W. 17TH ST STREET ADDRESS CITY-ST-ZIP FORT-LAUDERDALE FL 33317-CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

934°34/ ~ 690 Daytime Phone #

FILED