

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G26557**

1. Entity Name
FLORIDA SUPREME GREENS, INC.

Principal Place of Business
P.O. BOX 968
CRESCENT FL 32112
US

Mailing Address
P.O. BOX 968
CRESCENT FL 32112
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2282897** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWBOLD, JOHN R III
610 OLD HIGHWAY 17
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
(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

TITLE **DT** ☐ Delete
NAME **AUSTIN, LINDA T.**
STREET ADDRESS **100 S TREMAIN ST UNIT H-3**
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **DP** ☐ Delete
NAME **NEWBOLD, JOHN R JR**
STREET ADDRESS **566 OLD HIGHWAY 17**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **DS** ☐ Delete
NAME **NEWBOLD, JOHN R III**
STREET ADDRESS **610 OLD HIGHWAY 17**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: **SIGNATURE REQUIRED**

1-04-02 386-698-4674

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90005 013 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2034 (9/01)