## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 08, 2000 8:00 am DOCUMENT # **G77923** 1. Entity Name Secretary of State BOB GREEN CONSTRUCTION, INC. 02-08-2000 90053 003 \*\*\*150.00 Principal Place of Business Mailing Address 2118 ARGONAUT RD. 2118 ARGONAUT RD. **AVON PARK FL 33825** AVON PARK FL 33825-8815 DUVIADA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-2363186 Not Applicable Zip Country Country Zip \$8.75 Additional. 5.\_Certificate of Status Desired . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREEN, ROBERT L. Street Address (P.O. Box Number is Not Acceptable) 2118 ARGONAUT RD. **AVON PARK FL 33825** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete TITLE ☐ Change ☐ Addition TITLE GREEN, ROBERT L. NAME NAME STREET ADDRESS 2118 ARGONAUT RD. STREET ADDRESS AVON PARK FL CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE GREEN, SHARON NAME 2118 ARGONAUT RD. STREET ADDRESS STREET ADDRESS \_CITY\_ST-ZIP\_\_ AVON PARK FL ..... CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE GREEN, MARION R. NAME NAME STREET ADDRESS 2751 ST RD 17 SOUTH STREET ADDRESS CITY-ST-ZIP AVON PARK FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE 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 in Block 12 changed, or on an attachment with

SIGNATURE:

Robert L. Green 1/1-00863-453.