

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G94663**

1. Entity Name

PETE & BARBARA GREEN, INCORPORATED

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90084 003 ***150.00

Principal Place of Business
**123 LAKE BEULAH DR.
P.O. BOX 8207
LAKELAND FL 33801**

Mailing Address
**123 LAKE BEULAH DR.
P.O. BOX 8207
LAKELAND FL 33802-8207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2399992**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, PETER
123 LAKE BEULAH DR.
LAKELAND FL 33801**

Name

BARBARA GREEN

Street Address (P.O. Box Number is Not Acceptable)

123 LAKE BEULAH DR

City

LAKELAND

FL

Zip Code **33801**

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

Barbara Green

BARBARA GREEN

2/17/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **GREEN, PETER**
STREET ADDRESS **123 LAKE BEULAH DR.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **DV** ☐ Delete
NAME **GREEN, BARBARA**
STREET ADDRESS **123 LAKE BEULAH DR.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **S** ☐ Delete
NAME **GREEN, JACQUELINE**
STREET ADDRESS **1102 OAKBRIDGE PKY #119**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D-S** ☒ Change ☐ Addition
NAME **BARBARA GREEN**
STREET ADDRESS **123 LAKE BEULAH DR**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **DV** ☒ Change ☐ Addition
NAME **JACQUELINE GREEN**
STREET ADDRESS **1100 OAKBRIDGE PKWY - 47**
CITY-ST-ZIP **LAKELAND FL 33803**

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

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

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:

Barbara Green **BARBARA GREEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-688 8283

CR2E034 (9/99)