2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Mar 05, 2002 8:00 am Secretary of State H05103 DOCUMENT # 1. Entity Name GREEN GLADES COUNTRY RANCHES. INC. 03-05-2002 90321 001 ***635.00 Mailing Address Principal Place of Business 19612 SW 69 PLACE 19612 SW 69 PLACE 16298 FT LAUDERDALE FL 33332 FT LAUDERDALE FL 33332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE SAL PHIL Street Address (P.O. Box Number is Not Acceptable) 19612 S.W. 69TH PLACE FT. LAUDERDALE FL 33332 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME BERGERON, RONALD M. NAME 21111 S.W. 16TH ST. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME BERGERON, MARIE A STREET ADDRESS 5000 SW 195 TERRACE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33332 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE BERGERON, LONNIE T. NAME: .NAME -- - * 4839 S.W. 148TH AVENEU, SUITE 503 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not plalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this feport 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 protostee 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 attackment wit n an address, with all other like. bowered

OR DIRECTOR

FILED

February 18,

Daytime Phone # 2002

RONALD M. BERGERON,