

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90196 014 ***150.00

DOCUMENT # H55168

1. Entity Name

GREDIN, INC.

Principal Place of Business

**205 W. MAIN STREET
 AVON PARK FL 33825**

Mailing Address

**205 W. MAIN STREET
 AVON PARK FL 33825-3832**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2634031**

Applied For
 Not Applicable

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, WALTER R.
 205 W. MAIN STREET
 AVON PARK FL 33825**

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D GREEN, WALTER R.		NAME	
STREET ADDRESS 1326 E. LAKE LOTELA DR.		STREET ADDRESS	
CITY-ST-ZIP AVON PARK FL		CITY-ST-ZIP	
NAME D GREEN, MARIE D.		NAME	
STREET ADDRESS 1326 E. LAKE LOTELA DR.		STREET ADDRESS	
CITY-ST-ZIP AVON PARK FL		CITY-ST-ZIP	
NAME DP BORDIN, KENNETH R.		NAME	
STREET ADDRESS 4619 STURGEON DR.		STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		CITY-ST-ZIP	
NAME SVP BORDIN, DONNA M.		NAME	
STREET ADDRESS 4619 STURGEON DR.		STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG Walter R. Green
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00 (941) 453-3052
 Date Daytime Phone #

CR2E034 (9/99)