

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90120 044 ***150.00

DOCUMENT # H55168

1. Entity Name
GREDDIN, INC.

Principal Place of Business
205 W. MAIN STREET
AVON PARK FL 33825

Mailing Address
205 W. MAIN STREET
AVON PARK FL 33825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2634031**

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, 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 _____ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, WALTER R.	
STREET ADDRESS	1326 E. LAKE LOTELA DR.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, MARIE D.	
STREET ADDRESS	1326 E. LAKE LOTELA DR.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BORDIN, DONNA M.	
STREET ADDRESS	4619 STURGEON DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HINSLEY, MARY	
STREET ADDRESS	4923 STURGEON DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 199.07(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: *Donna M Bordin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 863-453-3056
 Date Daytime Phone #

CP2E034 (9/01)