

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J21455**

1. Entity Name **Greenewalt Inc.**



FILED

03 JUN -9 AM 10:26

CLERK OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **6316 Gaskins Rd.**
Suite, Apt. #, etc. **NA**

3. Mailing Address **6316 Gaskins Rd.**
Suite, Apt. #, etc. **NA**

DO NOT WRITE IN THIS SPACE

City & State **Jacksonville FL**
Zip **32244** County **Duval**

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4. FEI Number **59277809**
Applied For ☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Berthadean B Greenewalt**
Street Address (P.O. Box Number is Not Acceptable) **6316 Gaskins Rd.**
JACKSONVILLE FL
City **FL** Zip Code **32244**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Berthadean B Greenewalt**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5/7/03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE **Vice President**
NAME **EARL Greenewalt**
STREET ADDRESS **6316 Gaskins Rd.**
CITY-ST-ZIP **JAX, FL 32244**

TITLE **Vice President**
NAME **Earl Greenewalt**
STREET ADDRESS **6033 Gaskins Rd.**
CITY-ST-ZIP **Jax FL 32244**

TITLE **President**
NAME **Berthadean Greenewalt**
STREET ADDRESS **6316 Gaskins Rd.**
CITY-ST-ZIP **JAX, FL 32244**

TITLE **President**
NAME **Berthadean Greenewalt**
STREET ADDRESS **6316 Gaskins Rd.**
CITY-ST-ZIP **Jax FL 32244**

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE **BERTHADEAN B. GREENEWALT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Berthadean B Greenewalt
904
771-2117
Daytime Phone #

CR2E034B (12/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 29, 2003

GREENEWALT, INC.
6316 GASKIN RD.
JACKSONVILLE, FL 32244

SUBJECT: GREENEWALT, INC.
Ref. Number: J21455

We have received your document for GREENEWALT, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Please fill out section 1, 2 and 3.

Please list the title(s) of each officer in your document.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 003A00033711