2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **J74897** 1. Entity Name GREENE SERVICES, INC. Principal Place of Business Mailing Address 408 N. KIRKMAN RD 408 N. KIRKMAN RD ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

Delete

Delete

☐ Delete

☐ Delete

☐ Delete

12.

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

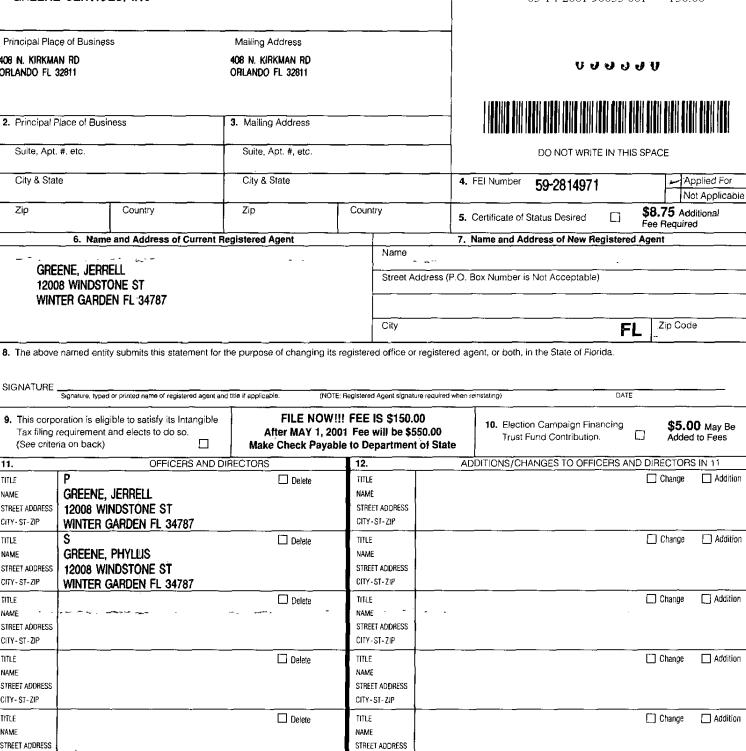
STREET ADDRESS CITY-ST-ZIP

Name

City

FILED May 14, 2001 8:00 am Secretary of State

05-14-2001 90055 001 ***150.00



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:

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Country

GREENE, JERRELL

12008 WINDSTONE ST WINTER GARDEN FL 34787

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

GREENE, JERRELL

GREENE, PHYLLIS

12008 WINDSTONE ST

12008 WINDSTONE ST

WINTER GARDEN FL 34787

WINTER GARDEN FL 34787

(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

10/01 407-193-2425

☐ Change

☐ Addition