FILED 2003 FOR PROFIT CORPORATION Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** J74897 DOCUMENT # 1. Entity Name 04-28-2003 91499 016 ***150.00 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 WENDSTONE ST 12008 WINDSTONES T 12008 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES WINIGH GARDEN City & State Applied For City & State 4. FEI Number 59-2814971 WINTER GRADEN NINTER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34781 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENE, JERRELL Street Address (P.O. Box Number is Not Acceptable) 12008 WINDSTONE ST WINTER GARDEN FL 34787 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE LE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Theck Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete GREENE, JERRELL NAME NAME STREET ADDRESS 12008 WINDSTONE ST STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITI F ☐ Delete GREENE, PHYLLIS NAME NAME 12008 WINDSTONE ST STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE

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 Block 11 if changed, or on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

SERRELL GREENE 4/25/03