## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K59990**

1. Entity Name

MORE GREEN, INC.

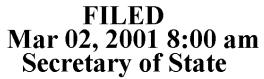
Principal Place of Business C/O JAMES S. GREENE

3101 PGA BLVD PALM BEACH GARDENS FL 33410

Mailing Address

C/O JAMES S. GREENE 6210 GOLF VILLAS RD. BOYNTON BCH. FL 33437

SAME AS RELOW)



03-02-2001 90048 031 \*\*\*150.00



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2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	4. FEI Number 65-0094937			pplied For	]
Zip Country			Zip Countr		ntry				Not Applicable.		
Z.p Country					~	5	Certificate of:Status Desired.	ertificate of Status Desired. Fe			
	6. Name	and Address of Current Re	egistered Agent			7.	Name and Address of New Reg	istered Ag	jent		1
شمعة التسبيد				Name			•				
	ENE, JAME 7 MILES S'	s s. Fandish port		Street Address (P.O. Box Number is Not Acceptable)						1	
		ARDENS FL 33410									
		44102110 12 00110									
					City			FL	Zip Code		
8. The above	named entit	y submits this statement for t	he purpose of changing its	register	ed office or re	gistered a	gent, or both, in the State of Flori	da.	<del></del>		1
				Ū		•	•				
SIGNATURE .											
	Signature, typed	or printed name of registered agent and	nd title if applicable. (NOTE: Registered Agent signa			equired when	reinstating)	DATE			╛
9. This corpo	ible to satisfy its Intangible	FILE NOW!	!! FEE	IS \$150.00		10. Election Campaign Finar	ocina	<b>6</b> E /	00		
	•	and elects to do so.	After MAY 1, 2001 Fee will be \$55 Make Check Payable to Department of				Trust Fund Contribution.	C''19	بن جون Adde	00 May Be	
· · · · · · · · · · · · · · · · · · ·	ia on back)	L	<u> </u>		epartment of						
11.				12.		A	DDITIONS/CHANGES TO OFFIC				<u>ا</u> إ
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		H GARDENS FL 33410	——————————————————————————————————————						☐ Change	Addition	1 6
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STREET ADDRESS	GREENE, JAMES S. 13387 MILES STANDISH PORT				STREET ADDRESS						
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CITY-ST-ZIP				City	-ST-ZIP						-
13. I hereby o	certify that the	e information supplied with the	nis filing does not qualify for	the exe	mption stated	in Section	119.07(3)(i), Florida Statutes. I fu	rther certif	y that the i	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. 561

2-1-01