

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90156 004 ***150.00

DOCUMENT # K85745

1. Entity Name
GREENWOOD DEVELOPMENT CORPORATION OF FLORIDA, C.



Principal Place of Business
**C/O JULIAN J. NEXSEN, JR.
104 MAXWELL ST
GREENWOOD SC 29646**

Mailing Address
**C/O JULIAN J. NEXSEN, JR.
104 MAXWELL ST
GREENWOOD SC 29646**



2. Principal Place of Business
c/o Julian J. Nexsen, Jr.

Suite, Apt. #, etc.
104 Maxwell Street
City & State
Greenwood, SC

3. Mailing Address
c/o Julian J. Nexsen, Jr.

Suite, Apt. #, etc.
P.O. Box 1546
City & State
Greenwood, SC

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0893939**

Applied For
Not Applicable

Zip
29646

Country

Zip
29646

Country

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

6. Name and Address of Current Registered Agent

**GRIMSLEY, JAMES W.
25 WALTER MARTIN ROAD, NE
FT. WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIGG, CHARLES W 104 GLENRIDGE CIRCLE GREENWOOD SC 29649	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JUSTESEN, WAYNE O., JR. 204 HARVEST LN. GREENWOOD SC 29649	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEXSEN, JULIAN J., JR. 512 E HENRIETTA AVE GREENWOOD SC 29649	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVerson, JOY B 308 CREEK ROAD WEST GREENWOOD SC 29646	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, WILLIAM B 204 DEER RUN LN GREENWOOD SC 29649	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WATKINS, WILLIAM B 118 AMHERST DR GREENWOOD SC 29649	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ronald R. Poole 245 Brookfield Drive Greenwood, SC 29646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S

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.

SIGNATURE:

Signature of William B. Watkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 2003
Date

Daytime Phone #

CR2E034 (10/02)