

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006575

1. Entity Name

Green Enterprises, L.L.C.

Principal Place of Business

9140 South Mont Cove, #310  
Ft Myers, Florida 33908

Mailing Address

O'Brien, Rivamonte & Slate, P.C.  
25800 Northwestern Hwy., #1100  
Southfield, Michigan 48075

FILED

01 MAR -8 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

9140 South Mont Cove, #310

3. Mailing Address

25800 Northwestern Hwy., #1100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers, Florida

City & State

Southfield, Michigan

4. FEI Number

Applied For

☒ Not Applicable

Zip  
33908

Country  
U.S.A.

Zip  
48075

Country  
U.S.A.

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Reginald Zielinski  
9140 South Mont Cove, #310  
Mt. Myers, Michigan 33908

Name

SAME

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.

CHANGE IN MAILING  
ADDRESS

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 \$50.00  
Make Check Payable to Department of State

400003891174-5  
-03/21/01-01107-002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

NAME R. J. "Reggie" Zielinski  
STREET ADDRESS 9140 South Mont Cove #310  
CITY-ST-ZIP Ft. Myers, Fla. 33908

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)