

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90008 017 \*\*\*\*\*50.00

**DOCUMENT # L02000007448**

1. Entity Name

**GREEN DREAMS, LLC**



Principal Place of Business

**25520 DEVONIA ST.  
MELROSE FL 32666**

Mailing Address

**25520 DEVONIA ST.  
MELROSE FL 32666**

2. Principal Place of Business

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

**04 366 9949**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CHIAPPINI, CLARIE P  
25520 DEVONIA ST.  
MELROSE FL 32666**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** *Co Owner, PRES* ☐ Delete  
NAME **CHIAPPINI, CLAIRE P**  
STREET ADDRESS **25520 DEVONIA ST.**  
CITY-ST-ZIP **MELROSE FL 32666**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE *Co-owner VP.* ☐ Change ☒ Addition  
NAME *Scott D. Carlton*  
STREET ADDRESS *5501 SW 16th Ct*  
CITY-ST-ZIP *Gainesville, FL 32609*

TITLE *Co-owner Sec. Trans.* ☐ Change ☒ Addition  
NAME *Richard H. Flog*  
STREET ADDRESS *147 Mason Road*  
CITY-ST-ZIP *Melrose, FL 32666*

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

*Clarie P. Chiappini*

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

Date

Daytime Phone #

**1-7-03 352-475-2521**

CR2E083 (10/02)