

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
 02-18-2002 90137 040 ***150.00

0306681 AV

DOCUMENT # L83144
 1. Entity Name
GREAT NORTHERN TREE CORPORATION

Principal Place of Business Mailing Address
% RICHARD P. GREENE. ESQ. **% RICHARD P. GREENE. ESQ.**
2455 E SUNRISE BLVD. STE 905 **2455 E SUNRISE BLVD. STE 905**
FT LAUDERDALE FL 33304 **FT LAUDERDALE FL 33304**



2. Principal Place of Business 3. Mailing Address
3981 NW 119 Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Sunrise, FL **65-0203690** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33323 **USA** ☐ Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GREENE, RICHARD P., ESQ. Name
2455 EAST SUNRISE BLVD. Street Address (P.O. Box Number is Not Acceptable)
SUITE 905 City **FL** Zip Code
FT LAUDERDALE FL 33304

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.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing \$5.00 May Be
 (See criteria on back) Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUFFY, TERRENCE M.		NAME		
STREET ADDRESS	3981 NW 119 AVE		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUFFY, LUCY		NAME		
STREET ADDRESS	3981 NW 119 AVE		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **TERRENCE M. DUFFY** 1-28-2002 954 742 7081
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)