

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004287

1. Entity Name

THE GREEN FLASH SALVAGE CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90292 035 ****61.25

Principal Place of Business

Mailing Address

12718 SUGAR CREEK BLVD
 HUDSON FL 34669

12718 SUGAR CREEK BLVD
 HUDSON FL 34669-2817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3491744

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANCHE, CALVIN L
 12718 SUGAR CREEK BLVD
 HUDSON FL 34669

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BRANCHE, CALVIN L
 CITY-ST-ZIP 12718 SUGAR CREEK BLVD
 HUDSON FL 34669

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS TURVILLE, KAREN
 CITY-ST-ZIP 660 HOOK ST. #45
 CLERMONT FL 34711

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2836 Arbutus Street
 CITY-ST-ZIP NAPLES, FLORIDA 34112

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DAVIS, JAY
 CITY-ST-ZIP 3809 GATEWOOD DR
 SARASOTA FL 34232

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 617, 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: Calvin L. Branche CALVIN L. BRANCHE 4-8-00 727-779-8982
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)