

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004287

1. Entity Name

THE GREEN FLASH SALVAGE CORPORATION

Principal Place of Business

12718 SUGAR CREEK BLVD
HUDSON FL 34669

Mailing Address

12718 SUGAR CREEK BLVD
HUDSON FL 34669

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BRANCHE, CALVIN L
12718 SUGAR CREEK BLVD
HUDSON FL 34669

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.

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS TURVILLE, KAREN
CITY-ST-ZIP 2836 ARBUTUS ST
NAPLES FL 34112

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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 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 3-22-02 727-856-3187

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90055 011 *****61.25



DO NOT WRITE IN THIS SPACE

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