

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90114 005 ***150.00

DOCUMENT # P00000006900

1. Entity Name
GREEN SHEET PM/USA, INC.



Principal Place of Business
**7094 SKYLINE DRIVE
DELRAY BEACH FL 33446**

Mailing Address
**7094 SKYLINE DRIVE
DELRAY BEACH FL 33446**

90003196



2. Principal Place of Business

**200 Knuth Road
Suite, Apt. #, etc.
226**

3. Mailing Address

**PO Box 243687
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State

Boynton Beach FL

City & State

Boynton Beach FL

4. FEI Number

65-0977651

Applied For

Not Applicable

Zip

33436-4636

Country

Zip

33424-3687

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHONE, LARRY T
50 S.E. FOURTH AVENUE
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name
Leon R. Noe
Street Address (P.O. Box Number is Not Acceptable)
**4560 Meadowlark Lane
Boynton Beach FL 33436**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
NOE, LEON R
7094 SKYLINE DRIVE
DELRAY BEACH FL 33446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**same
same
4560 Meadowlark Lane
Boynton Beach, FL 33436-6912** ☒ Change ☐ Addition

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

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/03 561 732 5858

CR2E034 (10/02)