

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90032 050 \*\*\*150.00

0338125

DOCUMENT # P00000038438

1. Entity Name

EMERALD GREEN PROPERTIES, INC.

Principal Place of Business

1612 SHADY LEAF DRIVE  
VALRICO FL 33594

Mailing Address

1612 SHADY LEAF DRIVE  
VALRICO FL 33594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3639230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Jennifer L. Baker

Street Address (P.O. Box Number is Not Acceptable)

1612 Shady Leaf Dr

City

Valrico

FL

Zip Code

33594

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

Jennifer L. Baker

Jennifer L. Baker President

2-6-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAKER, JENNIFER L	
STREET ADDRESS	1612 SHADY LEAF DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JONES, A. PHIL	
STREET ADDRESS	1612 SHADY LEAF DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKER, DAVID W	
STREET ADDRESS	1612 SHADY LEAF DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	S-	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim H. Compton	
STREET ADDRESS	2 Tyne Ct	
CITY-ST-ZIP	Greenville, SC 29607	
TITLE	Secretary/Treasurer Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David W. Baker	
STREET ADDRESS	1612 Shady Leaf Dr	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Jennifer L. Baker Jennifer L. Baker

2-6-01

(813) 571-1492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)