

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90131 004 ***150.00

DOCUMENT # P00000054034

1. Entity Name
GREEN LEAF DEVELOPMENT SYSTEMS, INC



Principal Place of Business
**8516 OLD WINTER GARDEN ROAD #101
ORLANDO FL 32835**

Mailing Address
**8516 OLD WINTER GARDEN ROAD #101
ORLANDO FL 32835**

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 **59-3651379**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, ALVIN JR
3401 LILAS CT.
WINDERMERE FL 34786**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WHITE, ALVIN JR.**
STREET ADDRESS **3401 LILAS COURT**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☒ Addition
NAME **Alvin White III**
STREET ADDRESS **Lewisville, Tx 75067**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WHITE, CAROLYN J**
STREET ADDRESS **3401 LILAS COURT**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☒ Addition
NAME **Diane white**
STREET ADDRESS **Carrollton, Tx**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WHITE, DANIEL L**
STREET ADDRESS **201 E. ROUND GROVE ROAD #37**
CITY-ST-ZIP **LEWISVILLE TX 75067**

TITLE ☐ Change ☒ Addition
NAME **Paul White**
STREET ADDRESS **3401 Lilas Ct**
CITY-ST-ZIP **Windermerc, FL**

TITLE **ALVIN WHITE III** ☐ Delete
NAME **ALVIN WHITE III**
STREET ADDRESS **LEWISVILLE, TX 75067**
CITY-ST-ZIP

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

TITLE **DIANE WHITE** ☐ Delete
NAME **DIANE WHITE**
STREET ADDRESS **CARROLLTON, TX**
CITY-ST-ZIP

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

TITLE **PAUL WHITE** ☐ Delete
NAME **PAUL WHITE**
STREET ADDRESS **3401 LILAS CT, Windermerc**
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 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

2/24/03

407-822-9224

Date

Daytime Phone #

CR2E034 (10/02)