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FILED

Sep 10, 2001 8:00 am Secretary of State

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

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## GREEN TURTLE PROMOTIONS, INC. 09-10-2001 90065 035 \*\*\*558.75 Principal Place of Business Mailing Address 21 GOLDEN GATE BLVD.. E 21 GOLDEN GATE BLVD., E NAPLES FL 34120 NAPLES FL 34120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3656134 City & State City & State Applied For Not Applicable Zip\_\_\_ Country --Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, NAOMI L 4410 10TH STREET, NE NAPLES FL 34120 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. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT (5/01)TITLE Delete TITLE ☐ Addition ROGERS, NAOM L ROGERS, NAOMI L NAME 4410 10TH STREET, NE **CR2E034** STREET ADDRESS STREET ADDRESS NAPLES FL 34120 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME RICHER, GEORGE O NAME 5120 PALMETTO WOODS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-NAPLES FL 34119 ----CITY-ST-7IP TITLE Delete TITLE NAME RICHER, DOUGLAS I NAME 16541 ROCKWELL HEIGHTS LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34711 CITY-ST-ZIP Last name not correct defiange TITLE ☐ Delete TITLE RISHER, CYNTHIA I NAME NAME Sirois STREET ADDRESS 7 ROSEMARY COURT STREET ADDRESS NASHUA NH 03062 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME 'NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in