

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90043 038 ***150.00

DOCUMENT # P00000057320

1. Entity Name
GREEN TURTLE PROMOTIONS, INC.

Principal Place of Business
21 GOLDEN GATE BLVD.. E
NAPLES FL 34120

Mailing Address
21 GOLDEN GATE BLVD.. E
NAPLES FL 34120

2. Principal Place of Business
SAME
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3656134**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROGERS, NAOMI L
160 20TH STREET S E
NAPLES FL 34-1175

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 _____

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROGERS, NAOMI L**
STREET ADDRESS **160 20TH STREET S E**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **D** ☐ Delete
NAME **RISHER, GEORGE O**
STREET ADDRESS **5120 PALMETTO WOODS DR.**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **D** ☐ Delete
NAME **RISHER, DOUGLAS I**
STREET ADDRESS **16541 ROCKWELL HEIGHTS LN.**
CITY-ST-ZIP **NAPLES FL 34711**

TITLE **D** ☐ Delete
NAME **SIROIS, CYNTHIA I**
STREET ADDRESS **7 ROSEMARY COURT**
CITY-ST-ZIP **NASHUA NH 03062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *Naomi Rogers* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02 (941) 455-3667

Date

Daytime Phone #

CR2E034 (9/01)