

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90761 031 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

70026720



2. Principal Place of Business
5120 Palmetto Woods Dr
Suite, Apt. #, etc.

3. Mailing Address
5120 Palmetto Woods Dr
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Naples Florida

City & State
Naples, Florida

4. FEI Number 59-3656134

Applied For
Not Applicable

Zip 34119 Country Collier

Zip 34119 Country Collier

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 Risher, George O.
Street Address (P.O. Box Number is Not Acceptable)
5120 Palmetto Woods Dr
City Naples FL Zip 34119

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)

1-15-03
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 P
NAME ROGERS, NAOMI L
STREET ADDRESS 160 20TH STREET S E
CITY-ST-ZIP NAPLES FL 34117 ☒ Delete

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

TITLE D
NAME RISHER, DOUGLAS I
STREET ADDRESS 18541 ROCKWELL HEIGHTS LN.
CITY-ST-ZIP NAPLES FL 34711 ☒ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

1-15-03

Date

Daytime Phone #

CR2E034 (10/02)