

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079799

1. Entity Name  
GREEN DRAGON, INC.

Principal Place of Business

815 EMMETT ST., SUITE C  
KISSIMMEE FL 34741

Mailing Address

815 EMMETT ST., SUITE C  
KISSIMMEE FL 34741

2. Principal Place of Business

815 Emmett St. Suite C  
Suite, Apt. #, etc.

3. Mailing Address

815 Emmett St.  
Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

Zip

34741

Country

Osceola

Zip

34741

Country

Osceola

6. Name and Address of Current Registered Agent

ROBERTS, BOBBIE  
815 EMMETT ST., SUITE C  
KISSIMMEE FL 34741

4. FEI Number

59-3667532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS ROBERTS, BOBBIE  
CITY-ST-ZIP 5302 CORAL VINE LANE  
KISSIMMEE FL 34758

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ANDERSON, INA  
CITY-ST-ZIP 5302 CORAL VINE LANE  
KISSIMMEE FL 34758

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

Bobbie Roberts

Bobbie Roberts 2-20-01 407-846-9499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00034314



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)