2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2003 8:00 am f State

4 ***150.00

DOCUMENT # 1. Entity Name GREEN DRAGON, INC.	P00000079799		Secretary of Sta 03-20-2003 90157 044 ***150	
Principal Place of Business 5302 CORAL VINE LN KISSIMMEE FL 34758	Mailing Address 5302 CORAL VINE LN KISSIMMEE FL 34758	***************************************		
2. Principal Place of Business 3182 Atwell Suite, Apt. #, etc.	Ave 3. Mailing Address Suite, Apt. #, etc.	1687		
City & State	City & State	La	4. FEt Number 59-3667532 - A	

MAGY 1	LAKE IL	LHUY LHN	<u> </u>	00 0001001	Not Applicable		
zip 1 3216.	2 Country / 2 Ake	32158-1687	Country LAKE	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current F		'	7. Name and Address of New Register	ed Agent		
ROBERTS				P.O. Box Number, is Not Acceptable)			
5302 COP	RAL VINE LN		3182	3182 ATWELL AVE			
KISSIMMEE FL 34758							
			2xAdv	LAKe.	FL Zip Code 32/62		
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.							
10.	OFFICERS AND [DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, BOBBIE 5302 CORAL VINE LANE KISSIMMEE FL 34758	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	32 ATWell AUE Ly Lake Fl 321	☐ Change ☐ Addition		
TITLE NAME	D ANDERSON, INA	☐ Delete	TITLE NAME	· · · · · · · · · · · · · · · · · · ·	Change Addition		
-Street address : City-St-Zip	5302 CORAL VINE LANE KISSIMMEE FL 34758		STREET ADDRESS 3/8	2 ATWELL AUE By LAKE FI 32	1162		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	· Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
	# h-						

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:

Applied For