

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91587 016 ***150.00

DOCUMENT # P00000090416

1. Entity Name

Green Alternatives, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4779 Chicago St

Suite, Apt. #, etc.

3. Mailing Address

4779 Chicago St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COCOA FL

City & State

COCOA FL

4. FEI Number

59-3673368

Applied For

Not Applicable

Zip

32927

Country

USA

Zip

32927

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required -

7. Name and Address of Current Registered Agent

Name

PATRICIA HARDY

Street Address (P.O. Box Number is Not Acceptable)

4779 Chicago St

City

COCOA

FL

Zip Code

32927

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

D/P/S
PATRICIA HARDY
4779 Chicago St
COCOA FL 32927

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D/VP/T
CASY WILSON
4779 Chicago St
COCOA FL 32927

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D/VP
LCC OLSON
4779 Chicago St
COCOA FL 32927

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LINDA OLSON
4779 Chicago St
COCOA FL 32927

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CASY WILSON

5-22-02

Date

407-688-7779

Daytime Phone #

CR2E034B (12/01)