

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Green Alternatives, Inc
P00000090416



FILED

03 APR 17 PM 3: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

155 E. Lake Mary Av
Suite, Apt. #, etc.

3. Mailing Address

155 E. Lake Mary Av
Suite, Apt. #, etc.

700016210547
04/17/03--01039--021 **150.00

DO NOT WRITE IN THIS SPACE

City & State

Lake Mary FL

City & State

Lake Mary FL

4. FEI Number

59-3673368

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Patricia G. Hardy

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

155 E Lake Mary Av

City

Lake Mary

FL

Zip Code

32746

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia G. Hardy

(NOTE: Registered Agent signature required when reinstating)

4/9/03

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President, V.P., Sec., Treasurer,
Director
Patricia G. Hardy

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
155 E Lake Mary Av
Lake Mary FL 32746

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

Patricia G. Hardy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

(407)
474-8786

Daytime Phone #

CR2E034B (12/02)