


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91908 026 ***150.00

| | |
|--|---|
| DOCUMENT # P00000094911 |  |
| 1. Entity Name GREEN & GROWING LANDSCAPE, INC. | |

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|---|---|
| Principal Place of Business 726 SE 2ND STREET OCALA, FL 34471 | Mailing Address 726 SE 2ND STREET OCALA, FL 34471 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 1022 Hickory Rd Suite, Apt. #, etc. | 3. Mailing Address 1022 Hickory Rd Suite, Apt. #, etc. |
|---|---|



☒ Address
☒ CHECK HERE IF MAKING CHANGES

| | |
|---------------------------------|---------------------------------|
| City & State Ocala FL | City & State Ocala FL |
| Zip 34472 | Country Marion |

| | |
|------------------------------------|--|
| 4. FEI Number 59-3674012 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent GREEN, HOWARD 726 SE 2ND STREET OCALA, FL 34471 | |
| Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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

SIGNATURE

Signature, typed or printed name of registered agent and date 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. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| PD GREEN, HOWARD 726 SE 2ND STREET OCALA, FL 34471 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/03 **352 875 8667**
Date Daytime Phone #

CR2E034 (10/02)