

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90478 023 \*\*\*150.00

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**DOCUMENT # P01000013867**

**1. Entity Name**  
**THE GREEN GENIE, INC.**

<b>Principal Place of Business</b> 730 S.W. 124TH TERRACE DAVIE FL 33325	<b>Mailing Address</b> 730 S.W. 124TH TERRACE DAVIE FL 33325
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 3701 SW 112 AVENUE Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. BOX 550305 Suite, Apt. #, etc.
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<b>City &amp; State</b> DAVIE, FL	<b>City &amp; State</b> FT. LAUDERDALE, FL	<b>4. FEI Number</b> 65-1079310	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>Zip</b> 33330	<b>Country</b> USA	<b>Zip</b> 33355	<b>Country</b> USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> SOSA, GUILAINE LAMAR P.A. 3971 S.W. 8TH STREET SUITE 305 MIAMI FL 33134	<b>7. Name and Address of New Registered Agent</b> Name: GINA DERKS GARDNER Street Address (P.O. Box Number is Not Acceptable): 3200 SW 116 AVENUE City: DAVIE, FL Zip Code: 33330
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**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: *Gina Gardner* DATE: 4/3/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER TOWLES, ARCHIE 730 S.W. 124TH TERRACE DAVIE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 409 S.E. 18 STREET #5 FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, GINA DERKS 3200 S.W. 118TH AVENUE DAVIE FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3200 SW 116 AVENUE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 all other like empowered.**

SIGNATURE: *Gina Gardner* DATE: 4/3/02 (954) 452-7948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)