

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91526 023 \*\*\*150.00

DOCUMENT # PO1000010751 ✓  
1. Entity Name Geraghty's Greens, Inc.  
59-3696824

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>99 Minnehaha Cir</u> Suite, Apt. #, etc. <u>Maitland FL</u>		3. Mailing Address <u>P.O. Box 841</u> Suite, Apt. #, etc.	
City & State <u>32751 USA</u>		City & State <u>Longwood FL</u>	
Zip <u>32752</u>	Country <u>USA</u>	Zip <u>32752</u>	Country <u>USA</u>

4. FEI Number 59-3696824 ☒ Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent  
Name James Geraghty  
Street Address (P.O. Box Number is Not Acceptable)  
99 Minnehaha Cir  
Maitland FL  
City FL Zip Code 32751

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	<u>President, Secretary, Treasurer</u> <u>James Geraghty</u> <u>99 Minnehaha Cir</u> <u>Maitland, FL 32751</u>
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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: James Geraghty James Geraghty 4-18-02 407-492-5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)