

**FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

06-20-2002 90062 020 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000027820**

1. Entity Name  
**GREEN VENTURES OF CLERMONT, INC.**

Principal Place of Business  
**10805 CRESCENT LANE  
CLERMONT FL 34711**

Mailing Address  
**10805 CRESCENT LANE  
CLERMONT FL 34711**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**12733 Georgia Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 242**  
Suite, Apt. #, etc.

City & State  
**ASTATULA, FL.**  
Zip  
**34705**  
Country  
**LAKE**

City & State  
**ASTATULA, FL.**  
Zip  
**34705**  
Country  
**LAKE**

4. FEI Number  
**59-3654280-4211-32**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GREEN, PATRICIA L  
10805 CRESCENT LANE  
CLERMONT FL 34711**

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.

SIGNATURE *Patricia Green*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE **4-20-02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 **DP** ☐ Delete  
NAME **GREEN, PATRICIA L**  
STREET ADDRESS **10805 CRESCENT LANE**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **DV** ☐ Delete  
NAME **GREEN, GEORGE D**  
STREET ADDRESS **10805 CRESCENT LANE**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Patricia Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)