

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0058420 AV

DOCUMENT # P01000038099

1. Entity Name  
GREENHOUSE INVESTMENTS, INC.



FILED

03 AUG -5 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8845 THUNDERBIRD DR.  
PENSACOLA FL 32514

Mailing Address  
8845 THUNDERBIRD DR.  
PENSACOLA FL 32514



2. Principal Place of Business

3. Mailing Address

1751 Scenic Hwy 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 203

City & State

City & State

Destin FL

Zip

Country

Zip

Country

32541 OKALOSA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 title 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HUBBELL, RICHARD R  
STREET ADDRESS 8845 THUNDERBIRD DR.  
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

TITLE  
NAME 1751 Scenic Hwy 98, #203 ☐ Change ☐ Addition  
STREET ADDRESS Destin FL 32541  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME HUBBELL, JENNIFER  
STREET ADDRESS 8845 THUNDERBIRD DR.  
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME 900022039009 ☐ Change ☐ Addition  
STREET ADDRESS 08/05/03--01004--003--\*\*\$50.00  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03

850 521-4771

CR2E034 (10/02)