

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90960 016 ***220.00

DOCUMENT # P010000069973 ✓

1. Entity Name

Grass Expressions, Inc.

DO NOT WRITE IN THIS SPACE

B0057134

2. Principal Place of Business

3038 John Young Parkway

Suite, Apt. #, etc.

Unit 3

3. Mailing Address

P.O. Box 536268

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando Florida

City & State

Orlando Florida

4. FEI Number

59-3732866

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32853-6268

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Jennifer Green

Street Address (P.O. Box Number is Not Acceptable)

1337 Portland Ave.

City

Orlando

FL

Zip Code

32803

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/14/02

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 \$81.25

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

P

NAME

Carol Godshalk

STREET ADDRESS

1337 Portland Ave.

CITY - ST - ZIP

Orlando, FL 32803

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP

NAME

Jennifer Green

STREET ADDRESS

1337 Portland Ave.

CITY - ST - ZIP

Orlando, FL 32803

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/02

Date

407-896-3028

Daytime Phone #

CR2E034B (12/01)