

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90301 022 ***150.00

UBR0303 AV

DOCUMENT # P01000085831

1. Entity Name
GREG FRANCE RESIDENTIAL CONTRACTOR INC.



Principal Place of Business
**207 MORRISON AVENUE
SANTA ROSA BEACH FL 32459**

Mailing Address
**207 MORRISON AVENUE
SANTA ROSA BEACH FL 32459**

60007128



2. Principal Place of Business

3. Mailing Address

308 LYNN DRIVE
Suite, Apt. #, etc.

308 LYNN DRIVE
Suite, Apt. #, etc.

SANTA ROSA BCH, FL
City & State

SANTA ROSA BCH, FL
City & State

SANTA ROSA BCH, FL
Zip

Country

USA

SANTA ROSA BCH, FL
Zip

Country

USA

4. FEI Number **59-3745150**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCE, GREG
259 MORRISON STREET
SANTA ROSA BEACH FL 32459**

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

GREG FRANCE

1/12/03
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 **P** Delete
NAME **FRANCE, GREG**
STREET ADDRESS **207 MORRISON AVENUE**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/03
Date

Daytime Phone #

CR2E034 (10/02)