2002 UNIFORM BUSINESS REPORT (UBR)

P01000096643 DOCUMENT # **Secretary of State** 1. Entity Name 03-26-2002 90080 016 ***150 00 GREENLIGHT OFFICE ASSISTANCE, INC. Principal Place of Business Mailing Address 11295 ISLAND LAKES LANE 11295 ISLAND LAKES LANE **BOCA RATON FL 33498 BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 180 7866 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACLAREN, LINDA O Street Address (P.O. Box Number is Not Acceptable) 798 SOUTH FEDERAL HIGHWAY SUITE 100 **BOCA RATON FL 33432** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT (P) ☐ Delete Addition MARKARET A GREEN NAME NAME 11295 I SLAMB LAKES LAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF BOLA RAMON FL 33498 SECRETARY (S) ☐ Change **Addition** TITLE ☐ Delete TITLE MARLARET A GREEN NAME NAME STREET ADDRESS STREET ADDRESS 11295 ISLAND LAKES LAWE CITY-ST-ZIP CITY-ST-ZIP BOLA RATION FL 33428 TREASURER (1) TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME RICHARD E GREEN STREET ADDRESS STREET ADDRESS 11265 ISLAND LAKESLANE CITY-ST-ZIP CITY-ST-7IP BOLA FACUN PL 33498 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S\12\2002

Daytime Phone #

Mar 26, 2002 8:00 am

CR2E034 (9/01