2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State P01000101332 DOCUMENT # 1. Entity Name 05-01-2002 91582 032 ***150 00 GREEN SIDE UP LAWN MAINTENANCE, INC. Principal Place of Business Mailing Address 2552 DONNELLY DRIVE 2552 DONNELLY DRIVE LANTANA FL 33421 LANTANA FL 33421 2. Principal Place of Business 3. Mailing Address 355a Donnelly DRIVE 2552 DONNELLY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LANTANA LANTANA 65-1144695 Not Applicable \$8.75 Additional 5. Certificate of Status Desired PALM BEACH PALM BEALL 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT HULL, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 2552 DONNELLY DRIVE LANTANA FL 33421 2552 DONNELLY 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change Delete ☐ Addition HULL, ROBERT D. NAME HULL, ROBERT D NAME 2552 DONDELLY DRIVE STREET ADDRESS 2552 DONNELLY DRIVE STREET ADDRESS CITY-ST-ZIP LANTANA FL 33421 CITY-ST-ZIP LANTANA, FL 33462 TITLE **VPD** ☐ Delete TITLE NAME NORLEY, CHRISTOPHER NAME STREET ADDRESS 1939 RIDGE RD. STREET ADDRESS CITY ST-7IP NORTH PALM BEACH FL-33408 CITY-ST-ZiP-Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS CITY-ST-7iP

SIGNATURE:

STREET ADDRESS

☐ Delete

4-18-02 561-434-0390
Date Dayline Phone #

Change

Addition