

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

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90058 017 ***150.00

DOCUMENT # **P01000109904**

1. Entity Name

GREEN STUFF, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SARASOTA COUNTY Suite, Apt. #, etc. 3471 HIDDEN RIVER RD City & State SARASOTA FL Zip 34240 Country USA		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 03 0375502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

870234

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name B. DOUGLAS FRALEY II	
Street Address (P.O. Box Number is Not Acceptable) 4708 HIDDEN RIVER RD	
City SARASOTA	Zip Code FL 34240

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

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 \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP VICE PRES. B. DOUGLAS FRALEY II 4708 HIDDEN RIVER RD SARASOTA FL 34240	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRES. WAYNE SCHORER 3471 HIDDEN RIVER RD SARASOTA FL 34240	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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE SCHORER

Date

6-20-02 3:22-2130

Daytime Phone #

CR2E034B (12/01)