

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90045 034 ***150.00

DOCUMENT # P02000067761

1. Entity Name
GREEN SHADES SOFTWARE, INC.



Principal Place of Business
2724 COLLEGE STREET
SUITE 8
JACKSONVILLE FL 32205

Mailing Address
2724 COLLEGE STREET
SUITE 8
JACKSONVILLE FL 32205

2. Principal Place of Business
7800 BELFORT PKWY
Suite, Apt. #, etc.
SUITE 220

3. Mailing Address
7800 BELFORT PKWY
Suite, Apt. #, etc.
SUITE 220

City & State
JACKSONVILLE, FL
Zip
32256
Country
DUAL

City & State
JACKSONVILLE, FL
Zip
32256
Country
DUAL

4. FEI Number
04-3688458

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

ELEFANT, FRED
1650 PRUDENTIAL DRIVE
SUITE 105
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOUSH, WELLES C	
STREET ADDRESS	2724 COLLEGE STREET, SUITE 8	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANE, MATTHEW	
STREET ADDRESS	2724 COLLEGE STREET, SUITE 8	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSAS, DAVID	
STREET ADDRESS	2724 COLLEGE STREET, SUITE 8	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DANIELLE N	
STREET ADDRESS	2724 COLLEGE STREET, SUITE 8	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPAUR, JOSEPH	
STREET ADDRESS	2724 COLLEGE STREET, SUITE 8	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7800 BELFORT PKWY #220	
STREET ADDRESS	32256	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7800 BELFORT PKWY #220	
STREET ADDRESS	32256	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7800 BELFORT PKWY #220	
STREET ADDRESS	32256	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7800 BELFORT PKWY #220	
STREET ADDRESS	32256	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, or all other like empowered.

SIGNATURE:

Welles C. Housh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)