

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91012 025 ***150.00

DOCUMENT # **P02000079464**

1. Entity Name
GREEN HARBOR COMPANY



Principal Place of Business
**257 GRANADA RD
W PALM BCH FL 33401**

Mailing Address
**257 GRANADA RD
W PALM BCH FL 33401**



2. Principal Place of Business
257 Granada Road
Suite, Apt. #, etc.

3. Mailing Address
257 Granada Road
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach, FL
Zip Country
33401 USA

City & State
West Palm Beach, FL
Zip Country
33401 USA

4. FEI Number
37-1436865
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHILLINGWORTH, MARY C
257 GRANADA RD
W PALM BCH FL 33401**

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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD REED, WILLIAM A 6328 N 108 AVE CIR OMAHA NE 68164 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CHILLINGWORTH, MARY C 257 GRANADA RD W PALM BCH FL 33401 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Chillingworth, Charles C. 257 Granada Road West Palm Beach, FL 33401 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/T/S/D Chillingworth, Mary Catherine 257 Granada Road West Palm Beach, FL 33401 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Smith, Walter L. 1500 SE 13th Street Deerfield Beach, FL 33441 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D El Sanadi, Nabil 5100 N. Ocean Blvd., Apt. 312 Fort Lauderdale, FL 33308 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Metzker, David L. 7737 Apple Tree Circle Orlando, FL 32819 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Allenby, David L. 1790 NE 34th Street Fort Lauderdale, FL 33334 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: *Charles C. Chillingworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 APRIL 2003 (561)
659-0720
Date Daytime Phone #

0374768 AV

CR2E034 (10/02)