

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90099 027 ***150.00

0024559 AV

DOCUMENT # P02000110258

1. Entity Name
GRETANJIM, INC.



Principal Place of Business
1605 BROOKSIDE CIR. E.
JACKSONVILLE FL 32207

Mailing Address
1605 BROOKSIDE CIR. E.
JACKSONVILLE FL 32207

2. Principal Place of Business
1605 Brookside Cir E
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.
SAME
City & State

City & State
Jacksonville FL
Zip 32207 Country USA
DUBAI

Zip Country

4. FEI Number

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

CARTER, GRETA
1605 BROOKSIDE CIR. E.
JACKSONVILLE FL 32207

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 *Greta M. Carter*
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-8-03
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 D ☐ Delete
NAME CARTER, GRETA
STREET ADDRESS 1605 BROOKSIDE CIR. E.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary / Treasurer ☐ Delete
NAME James L. Carter (Carter)
STREET ADDRESS 1605 Brookside Cir E
CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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, with all other like empowered

GRETA M. CARTER

SIGNATURE: *Greta M. Carter* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03
Date

904 399 5883
Daytime Phone #

CR2E034 (10/02)