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

SIGNATURE:

FILED Feb 28, 2003 8:00 am Secretary of State 02-05-2003 90151 026 \*\*\*150.00

DOCUMENT # P02000121243  1. Entity Name GREEN PORT MANAGEMENT, INC.										
PO BOX 3724	ce of Business 454 NEACH FL 32937	Mailing Address PO BOX 372454 SATELLITE BEACH FL 32937								
2. Principal P	Place of Business	3. Mailing Address				d immistadat eta mutiak arbati debibi mater f	EBYET SYBYE (17	UV 11910 1894)	BISON (EII ISO)	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	te	City & State			4.	FEI Number 74-306	7965		plied For at Applicable	]_=
Zip	Country .	Zip	Zip Coun		5.	Certificate of Status Desired		8.75 Add e Require		
	6. Name and Address of Current R	<del></del>			7	Name and Address of New Reg	istered Ag	ent		┪-
GREEN, C		Name Street Address (P.O. Box Number is Not Acceptable)						4		
110 MARTESIA WAY INDIAN HARBOUR BEACH FL 32937							1		<del></del>	-
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City	,		FL	Zip Code	e	-
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 table it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	<del></del>	<u> </u>	<del></del>	9. Election Campaign Finan Trust Fund Contribution.	cing	\$ <del>5.0</del> Added	O-May Be I to Fees		
10. OFFICERS AND DIRECTORS					AC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME	PRES. GREEN	☐ Delete	TITLE					Change	Addition	CR2E034 (10/02)
STREET ADDRESS CITY-SI-ZIP	110 MARTHSIA WAY I. H.BeH. FC. 3293	7		ET ADORESS - ST-ZIP						88
TITLE NAME	KENNETH SCOTT	☐ Delete	TITLE					] Change	☐ Addition	18
STREET ADDRESS CITY+ST-21P	430			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS		Delete Delete		E Et adoress		÷		Change	Addition_	-
CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE					] Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•	1			Ε	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				Change	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.										