

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

01-08-2007 90255 020 ***150.00
05-04-2007 90090 044 ***150.00

FILED

07 JUL 16 PM 2:30

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000000138

1. Entity Name

GREEN ACRE INC. of MICANOPY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

202 NW U.S. Highway 441

3. Mailing Address

← same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Micanopy, Florida

City & State

4. FEI Number

68-0647345

Applied For

Not Applicable

Zip

32667-4004

Country

Alachua

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ronald C. Hodes

Street Address (P.O. Box Number is Not Acceptable)

202 NW U.S. Hwy 441

Micanopy, FL 32667-4004

City

FL

Zip Code

DO NOT WRITE
IN THIS SPACE

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V.P.
Ronald C. Hodes
202 N.W. U.S. Hwy 441
Micanopy, FL 32667-4004

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5/27/16

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Sec.
Patricia J. Hodes
202 NW U.S. Hwy 441
Micanopy, FL 32667

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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 on an attachment with an address, with all other officers or directors.

SIGNATURE:

Patricia J. Hodes, Sec.

PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/06 352-466-0084

Date Daytime Phone

RONALD C. & PATRICIA J. HODES

202 NW U.S. Highway 441 Micanopy, Florida 32667-4004

hodespj@aol.com

Phone: 352-466-0084

Fax: 352-466-3291

July 6, 2007

Fax: 1-850-245-6017

Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Sean Toner
Senior Section Administrator

Subject: GREEN ACRE INC. OF MICANOPY
Ref. Number: P05000000138

Dear Sean:

This letter is to inform you that I did not receive notices for Green Acre Inc. Of Micanopy in 2006.

Sincerely,

PJ Hodes

Secretary