

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34322

1. Entity Name

GREENMAN TECHNOLOGIES OF GEORGIA, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90064 012 ***158.75

Principal Place of Business

Mailing Address

SHERREL AVE.
JACKSON GA 30233

138 SHERREL AVE.
JACKSON GA 30233-1781
US

C0023239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

138 B Sherrel Ave
Suite, Apt. #, etc.

3. Mailing Address

138 B Sherrel Ave
Suite, Apt. #, etc.

City & State

Jackson, GA

City & State

Jackson, GA

4. FEI Number

58-2324483

Applied For

Not Applicable

Zip

30233

Country

U.S.A.

Zip

30233

Country

U.S.A.

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOYD, LEW F
7 KIMBELL LANE
LYNN FIELD MA

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAUST, ROBERT D
7 KIMBELL LANE
LYNN FIELD MA

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DAVIS, ROBERT H
7 KIMBELL LANE
LYNN FIELD MA

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
COPPA, CHARLES E
7 KIMBELL LANE
LYNN FIELD MA

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Oza, Jagruti
7 Kimball Lane
Lynnfield, MA
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'Connor, James F
7 Kimball Lane
Lynnfield, MA
☐ Change ☒ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Robert D. Maust* V. P. Robert D. Maust 2/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)