

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34322

1. Entity Name

GREENMAN TECHNOLOGIES OF GEORGIA, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90083 017 ***150.00

Principal Place of Business

138-B SHERREL AVE.
JACKSON GA 30233
US

Mailing Address

138-B SHERREL AVE.
JACKSON GA 30233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2324483**

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BOYD, LEW F	
STREET ADDRESS	7 KIMBELL LANE	
CITY-ST-ZIP	LYNN FIELD MA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAUST, ROBERT D	
STREET ADDRESS	7 KIMBELL LANE	
CITY-ST-ZIP	LYNN FIELD MA	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, ROBERT H	
STREET ADDRESS	7 KIMBELL LANE	
CITY-ST-ZIP	LYNN FIELD MA	
TITLE	T	<input type="checkbox"/> Delete
NAME	COPPA, CHARLES E	
STREET ADDRESS	7 KIMBELL LANE	
CITY-ST-ZIP	LYNN FIELD MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	OZA, JAGRUTI	
STREET ADDRESS	7 KIMBALL LN	
CITY-ST-ZIP	LYNNFIELD MA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'CONNOR, JAMES F	
STREET ADDRESS	7 KIMBALL LN	
CITY-ST-ZIP	LYNNFIELD MA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURE E. NEEDHAM	
STREET ADDRESS	7 KIMBALL LANE	
CITY-ST-ZIP	LYNNFIELD MA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP DAVID JONES	
STREET ADDRESS	40 GALT OF GA	
CITY-ST-ZIP	138 SHERREL AVE JACKSON GA	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR ALLEN KAHN	
STREET ADDRESS	7 KIMBALL LANE	
CITY-ST-ZIP	LYNNFIELD MA	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 781-224-2111

Date

Daytime Phone #

CR2E034 (10/00)