

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002144

1. Entity Name

GREEN RELEAF BIOTECH, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90192 028 ***150.00

Principal Place of Business 1301 RIVERPLACE BLVD SUITE 2340 JACKSONVILLE FL 32207	Mailing Address 1301 RIVERPLACE BLVD SUITE 2340 JACKSONVILLE FL 32207-9022
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2. Principal Place of Business 3683 Crown Point Rd Suite, Apt. #, etc.	3. Mailing Address 3683 Crown Point Rd Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Jacksonville, FL	City & State Jacksonville FL
Zip 32257	Zip 32257
Country DUAL	Country DUAL

4. FEI Number 59-3164950	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WHITMAN, PAUL S
1301 RIVERPLACE BLVD
SUITE 2840
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name: Whitman, Paul S
Street Address (P.O. Box Number is Not Acceptable)
3683 Crown Point Rd
City: Jacksonville FL Zip Code: 32257

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: Paul S Whitman VP-Finance 3/7/00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHIACLIFF, ROBERT T 1301 RIVERPLACE BLVD., SUITE 2529 JACKSONVILLE FL 32201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC OTTARSTROER, DOUANE L 1301 RIVERPLACE BLVD., SUITE 2340 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, WARREN P 1301 RIVERPLACE BLVD., SUITE 1904 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WHITMAN, PAUL S 2100 CORPORATE SQUARE BLVD., STE. 201 JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIACLIFF, ROBERT T 1725 MEMORIAL PARK DR JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC OTTARSTROER, DOUANE L 3683 Crown Point Rd Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Whitman Paul S 3683 Crown Point Rd Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul S Whitman 3/7/00 904-260-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)