

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013983

1. Entity Name
GATO VERDE, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90067 040 ***150.00

Principal Place of Business Mailing Address
131 PINTO LANE **BOX 1994**
ORMOND BEACH FL 32174 **ORMOND BH FL 32175**
US

2. Principal Place of Business 3. Mailing Address
901 So Atlantic
Suite, Apt. #, etc. Suite, Apt. #, etc.
PH 5
City & State City & State
Ormond Bh
Zip Country Zip Country
32174 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3169598** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREENWOOD, ROBERT
131 PINTO LANE
ORMOND BEACH FL 32174
7. Name and Address of New Registered Agent
Name *Robert Greenwood*
Street Address (P.O. Box Number is Not Acceptable) *901 So Atlantic*
PH 5
City *Ormond* FL Zip Code *32174*

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 *Robert Greenwood Pres* *Robert Greenwood* Jan 2 2001
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	TITLE	<i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWOOD, ROBERT		NAME	<i>Robert Greenwood</i>	
STREET ADDRESS	131 PINTO LANE		STREET ADDRESS	<i>901 So Atlantic PH 5</i>	
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP	<i>Ormond FL 32174</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Greenwood Pres* *Robert Greenwood* 1-2-01 672-5766
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0454600

CR2E034 (10/00)