

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000033852

1. Entity Name

GREENROSE SYSTEMS, INC.

Principal Place of Business

18119 LEAFWOOD CIRCLE
LUTZ FL 33549
US

Mailing Address

18119 LEAFWOOD CIRCLE
LUTZ FL 33549-2747
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

59-3184855

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

MARILYN R. GREENEBAUM
18119 LEAFWOOD CIRCLE
LUTZ FL 33549

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 PS
NAME GREENEBAUM, MARILYN R
STREET ADDRESS 18119 LEAFWOOD CIRCLE
CITY-ST-ZIP LUTZ FL

☐ Delete

TITLE V
NAME ORLANDO WENDY M.
STREET ADDRESS 491 PLATTEKILL ARDONIA RD.
CITY-ST-ZIP WALLKILL NY 12589

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME GREENEBAUM ROBERT J
STREET ADDRESS 18119 LEAFWOOD CIRCLE
CITY-ST-ZIP LUTZ FL 33549

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Marilyn R. Greenebaum
MARILYN R. GREENEBAUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2000

Date

813 969-3388

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90016 007 ***150.00

639444



DO NOT WRITE IN THIS SPACE