

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000057368**

1. Entity Name

FRANK GREEN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**408 ESCAMBIA AVENUE
JAY FL 32565****P.O. BOX 403
JAY FL 32565-0403
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, FRANK
408 ESCAMBIA AVENUE
JAY FL 32565**

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	D	<input type="checkbox"/> Delete
NAME	GREEN, FRANK	
STREET ADDRESS	408 ESCAMBIA AVENUE	
CITY-ST-ZIP	JAY FL 32565	

TITLE	VP	<input type="checkbox"/> Delete
NAME	GREEN, JANE J.	
STREET ADDRESS	408 ESCAMBIA AVE.	
CITY-ST-ZIP	JAY FL 32565	

TITLE	T	<input type="checkbox"/> Delete
NAME	GREEN, ROGER	
STREET ADDRESS	5506 MEADOW LARK LANE	
CITY-ST-ZIP	MILTON FL 32570	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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: FRANK GREEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2000

Date

850-675-482

Daytime Phone #

**FILED
Jan 18, 2000 8:00 am
Secretary of State**

01-18-2000 90070 027 ***150.00

A0004974

DO NOT WRITE IN THIS SPACE