2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # **P93000057368** FRANK GREEN ENTERPRISES, INC. 01-30-2001 90160 035 ***150.00 Principal Place of Business Mailing Address 408 ESCAMBIA AVENUE P.O. BOX 403 JAY FL 32565 JAY FL 32565 ULFOUT LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3196981 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required _ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, FRANK Street Address (P.O. Box Number is Not Acceptable) **408 ESCAMBIA AVENUE** JAY FL 32565 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE NAME NAME GREEN, FRANK STREET ADDRESS STREET ADDRESS 408 ESCAMBIA AVENUE CITY-ST-ZIP CITY-ST-ZIP JAY FL 32565 ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME GREEN, JANE J. STREET ADDRESS STREET ADDRESS 408 ESCAMBIA AVE. CITY-ST-ZIP CITY-ST-ZIP JAY FL 32565 Change - Addition-TITLE ☐ Delete TITLE NAME GREEN, ROGER NAME STREET ADDRESS STREET ADDRESS 5506 MEADOW LARK LANE CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32570 TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

1-16-2001