

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90168 005 ***150.00

DOCUMENT # P93000057368

1. Entity Name
FRANK GREEN ENTERPRISES, INC.

Principal Place of Business

**408 ESCAMBIA AVENUE
JAY FL 32565**

Mailing Address

**P.O. BOX 403
JAY FL 32565
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3624 Escambia Ave.

Suite, Apt. #, etc.

City & State

JAY, FL

City & State

Zip

32565

Country

USA

Zip

Country

4. FEI Number

59-3196981

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

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

Name

FRANK GREEN

Street Address (P.O. Box Number is Not Acceptable)

3624 Escambia Ave.

City

JAY

FL

Zip Code

32565

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 **Frank Green** **FRANK GREEN, President**

2-8-02

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, 2002 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** ☐ Delete
NAME **GREEN, FRANK**
STREET ADDRESS **408 ESCAMBIA AVENUE**
CITY-ST-ZIP **JAY FL 32565**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **GREEN, JANE J.**
STREET ADDRESS **408 ESCAMBIA AVE.**
CITY-ST-ZIP **JAY FL 32565**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T.** ☐ Delete
NAME **GREEN, ROGER**
STREET ADDRESS **5508 MEADOW LARK LANE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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** **FRANK GREEN, President**

2-8-02 (850)675-4825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)