

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90399 016 ***150.00

DOCUMENT # P94000016732

1. Entity Name
GREEN VISIONS, INC.



Principal Place of Business
1363 W HIGHWAY 100
BUNNELL FL 32110
US

Mailing Address
P.O. BOX 352721
PALM COAST FL 32135
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 59-3231313

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

EGGERT, GERALD A
36 EDGEWATER DRIVE
PALM COAST FL 31164

7. Name and Address of New Registered Agent

Name SAUNDRA K. HOUSTON
Street Address (P.O. Box Number is Not Acceptable)
1363 West Highway 100
City BUNNELL FL Zip Code 32110

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SAUNDRA K. HOUSTON
Signature, typed or printed name of registered agent and title if applicable.

DATE 1/13/2003

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SECT/TRES	<input type="checkbox"/> Delete
NAME	EGGERT, GERALD A.	CHANGE ONLY
STREET ADDRESS	11 MOODY DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VP + PRES	<input type="checkbox"/> Delete
NAME	HOUSTON, SAUNDRA	CHANGE ONLY
STREET ADDRESS	1375 W HWY 100	
CITY-ST-ZIP	BUNNELL FL 32135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECT/TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD A. EGGERT	
STREET ADDRESS	36 EDGEWATER DRIVE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VP + PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDRA K. HOUSTON	
STREET ADDRESS	1363 W. HIGHWAY 100	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAUNDRA K. HOUSTON 368 931 2746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)