

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017278

1. Entity Name  
GREEN EARTH HOLDINGS, INC.

Principal Place of Business  
1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE FL 32202  
US

Mailing Address  
1 INDEPENDENT DR  
SUITE 1600  
JACKSONVILLE FL 32202-5009  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3232420

Applied For  
Not Applicable

Zip Country Zip Country

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

KREIS, ROBERT R.  
1 INDEPENDENT DR  
SUITE 1600  
JACKSONVILLE FL 32202

Name Shields, David R.  
Street Address (P.O. Box Number is Not Acceptable)  
1 Independent Drive  
Suite 1600  
City Jacksonville FL Zip Code 32202

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]

(NOTE: Registered Agent signature required when reinstating)

DATE 5/16/01

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PO	LOVETT, W. RADFORD II	1 INDEPENDENT DR STE 1600	JACKSONVILLE FL 32202	<input type="checkbox"/>
VTD	SHIELDS, DAVID	1 INDEPENDENT DR STE 1600	JACKSONVILLE FL 32202	<input type="checkbox"/>
DC	LOVETT, R.D.	1 INDEPENDENT DR STE 1600	JACKSONVILLE FL 32202	<input type="checkbox"/>
S	MELLO, JEANNINE	1 INDEPENDENT DR STE 1600	JACKSONVILLE FL 32202	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 21, 2001 8:00 am  
Secretary of State

04-25-2001 90142 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)