

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State
 02-24-2000 90015 049 ***150.00

DOCUMENT # P94000071417

1. Entity Name

GREEN EDGE, INC.

Principal Place of Business

Mailing Address

301 NW 17TH ST
 DELRAY BEACH FL 33444

301 NW 17TH ST
 DELRAY BEACH FL 33483-3341

DEL 33483



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

100 E. Linton Blvd
 Suite, Apt. #, etc.
 #137A

100 E Linton Blvd
 Suite, Apt. #, etc.
 137A

City & State
 Delray Beach 33483
 Zip
 33483 Country
 UD

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 Delray Beach 33483
 Zip
 33483 Country
 UD

4. FEI Number **65-0531680**

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

VALANT, MARK S
 301 NW 17TH ST
 DELRAY BEACH FL 33444

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *Mark S Valant* *M J Valant*

COO 2-8-2000
 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

NAME	TITLE	STREET ADDRESS	CITY-ST-ZIP	DELETE
VALANT, MARK S	D	301 NW 17TH ST	DELRAY BEACH FL 33444	<input type="checkbox"/>
VALANT, M. J.	D	301 NW 17TH ST	DELRAY BEACH FL 33444	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)