

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071417

1. Entity Name
GREEN EDGE, INC.

Principal Place of Business
100 E LINTON BLVD
137A
DELRAY BEACH FL 33483

Mailing Address
100 E LINTON BLVD
137A
DELRAY BEACH FL 33483

01-29-2002 90053 040 ***150.00
02 FEB 12 PM 12:13



2. Principal Place of Business

3. Mailing Address

Suite
City
Zip
Green Edge, Inc.
14872 72nd Court N.
Loxahatchee, Florida
33470



Green Edge, Inc.
14872 72nd Court N.
Loxahatchee, Florida
33470

DO NOT WRITE IN THIS SPACE

Number 65-0531680 Applied For
Not Applicable

Statement 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



Green Edge, Inc.
14872 72nd Court N.
Loxahatchee, Florida
33470

FL Zip Code

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 registering)

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
VALANT, MARK S
301 NW 17TH ST
DELRAY BEACH FL 33444 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
VALANT, M. J. ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
M. Valant
14872 72nd Ct. N.
Loxahatchee, FL 33470-4400 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02 5612510026

Date

Daytime Phone #

CR2004 (9/01)