

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003681

1. Entity Name

GREENRIDGE CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90075 026 ***150.00

Principal Place of Business

Mailing Address

6271 ST. AUGUSTINE RD
 JACKSONVILLE FL 32217

6271 ST. AUGUSTINE RD
 JACKSONVILLE FL 32217-2523
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 24

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3300867**

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

RUBY, TENA P
 6104 SAN JOSE BLVD - WEST
 JACKSONVILLE FL 32217

Name

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

10164 BISHOP LAKE RD. W.

City

Jacksonville

FL

Zip Code

32254

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 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, 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

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS RUBY, TENA P
 CITY-ST-ZIP 6104 SAN JOSE BLVD - WEST
 JACKSONVILLE FL 32217

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS *10164 Bishop Lake Rd. W.*
 CITY-ST-ZIP *Jacksonville, FL 32254*

TITLE ☐ Delete
 NAME DVST
 STREET ADDRESS RUBY, PAUL M
 CITY-ST-ZIP 6104 SAN JOSE BLVD - WEST
 JACKSONVILLE FL 32217

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS *10164 Bishop Lake Rd. W.*
 CITY-ST-ZIP *Jacksonville, FL 32254*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)