

FILED
May 21, 2002 8:00 am
Secretary of State

04-15-2002 90070 015 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008854

1. Entity Name
ANDREW B GREENMAN, INC.

Principal Place of Business

~~1040 HARRISON ST~~
~~204B~~
~~HOLLYWOOD FL 33020~~
~~US~~

Mailing Address

~~1040 HARRISON ST~~
~~204B~~
~~HOLLYWOOD FL 33020~~
~~US~~



2. Principal Place of Business

11179 Polynesian Way
 Suite, Apt. #, etc.

3. Mailing Address

11179 Polynesian Way
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bonita Beach, FL

City & State

Bonita Beach, Florida

4. FEI Number **65-0552623**

Applied For

Not Applicable

Zip **33437**

Country **USA**

Zip **33437**

Country **USA**

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

6. Name and Address of Current Registered Agent

GREENMAN, BRENDA
1940 BARRISON STREET #204 B
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name **Greenman, Brenda**
 Street Address (P.O. Box Number is Not Acceptable)
11179 Polynesian Way
 City **Bonita Beach** **FL** Zip Code **33437**

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 **Brenda Greenman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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

TITLE **P** ☐ Delete
 NAME **GREENMAN, BRENDA R**
 STREET ADDRESS **3543 EMERALD OAKS DRIVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **Brenda Greenman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

561-732-1782

Daytime Phone #

CR2E034 (9/01)