

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038174

1. Entity Name
GREYSTONE BUILDERS, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90043 013 ***150.00

Principal Place of Business

Mailing Address

~~3901 GULF SHORE BLVD N~~

P O BOX 2008

~~#102~~
NAPLES FL 34103

NAPLES FL 34106-008
US

US

2. Principal Place of Business

3. Mailing Address

3120 Crayton Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples FL

City & State

4. FEI Number 65-0581810

Applied For

Not Applicable

Zip
34103

Country
USA

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

HUMPHREVILLE, JOHN D ESQ.
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 33940-3060

Name

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

City

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SCHROEDER, STEVEN M
STREET ADDRESS 3951 GULF SHORE BLVD N #102
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS 3120 Crayton Road ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE VPST
NAME SCHROEDER, LISA A
STREET ADDRESS 3951 GULF SHORE BLVD N #102
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS 3120 Crayton Road ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Schroeder

Date

Daytime Phone #

4-11-01 941-261-2021

CR2E034 (10/00)