## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ... P95000052844 1. Entity Name

GREEN HILLS, INC.

Principal Place of Business

6001 S.E. 128TH AVENUE **OKEECHOBEE FL 34974** 

Mailing Address

6001 S.E. 128TH AVENUE OKEECHOBEE FL 34974

3. Mailing Address 2. Principal Place of Business



05-27-2002 90273 043 \*\*\*150.00



17450 THUNDER ROAD		17450 THUNDER ROAD			DO NOT WRITE IN THIS SPACE				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		1	DO NOT WRIT	TE IN THIS SF	ACE		
City 0 Ctota		City & State		4. FEI	Number		Apı	olied For	
City & State  JUPITER, FL  JUPITER, FL				65-0596445			Applicable		
33478	Country USA	Zip 33478	Country	<b>5.</b> Cer	tificate of Status Desired	\$	<b>8.75</b> Addi ee Required	itional	
	6. Name and Address of Current Re			7. Nar	ne and Address of New F	Registered Aç	jent		
	· Name of the state of the stat	<u> </u>	Name						
KOHL, JR., ESQ, N. DEAN			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
	DRED STREET	oli coli ridani	Chicat Hadron (i. 10) and Hadron E. 100						
SUITE 107									
STUART FL 34994			City	-	* * * * * * * * * * * * * * * * * * * *	FL.	Zip Code	e la '	
2 The above	named entity submits this statement for th	ne ourpose of changing it	s registered office or reg	gistered agen	t, or both, in the State of Fl	orida.		'	
• Hie above i	martied entity addition this diacomonic to a	ps. peece er an ang mg							
CIONATURE		KIND OF							
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable. (NO	TE; Registered Agent signature re	equired when reins	tating)	DATE			
	ration is eligible to satisfy its Intangible	FILE NOW	!!! FEE IS \$150.00		10. Election Campaign Fir	nancing	\$5.0	<b>0</b> May Be	
	Tax filing requirement and elects to do so.  After May 1, 2002			.00	Trust Fund Contribution			to Fees	
(See criteri	ia on back)		ble to Department of				=		
11,,	OFFICERS AND DI	RECTORS	12.		TIONS/CHANGES TO OFF				
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of the corporation or the receiver or trustee empowered to execute this report 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

5/1/0 2 561-575-7426 Daytime Phone #