


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90101 043 \*\*\*150.00

<b>DOCUMENT #</b> P95000066458	
<b>1. Entity Name</b> GREENERY SQUARE, INC.	

<b>Principal Place of Business</b> 5402 NW 8 AVE GAINSVILLE FL 32605	<b>Mailing Address</b> 1616 BROOKWOOD RD JAX FL 32207
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>	
GIVENS, JANET 1616 BROOKWOOD RD JAX FL 32207	

<b>7. Name and Address of New Registered Agent</b>	
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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	GIVENS, JANET
STREET ADDRESS	1616 BROOKWOOD RD
CITY-ST-ZIP	JAX FL 32207
TITLE	D <input type="checkbox"/> Delete
NAME	GLIKES, RICHARD J
STREET ADDRESS	501 EUWCHLAN AVE
CITY-ST-ZIP	CHESTER SPGS PA 19425
TITLE	D <input type="checkbox"/> Delete
NAME	GLIKES, THOMAS T
STREET ADDRESS	210 79 DR
CITY-ST-ZIP	GAINSVILLE FL 32607
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12.** 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Spinet Specimens REQUIRED* **2.10.03** **352.377.631**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)