## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # **P95000072682** GREENPIECE ELECTRONICS, INC. 04-24-2001 90323 048 \*\*\*150.00 Principal Place of Business Mailing Address 9001 131ST PLACE NORTH 9001 131ST PLACE NORTH LARGO FL 34643-1422 LARGO FL 34643-1422 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3341095 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZURMAN, CRAIG L Street Address (P.O. Box Number is Not Acceptable) 9001 131ST PLACE NORTH LARGO FL 3463--1422 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Addition **PSTD** PD NAME NAME ZURMAN, CRAIG L Craig L. Zurman STREET ADDRESS STREET ADDRESS 9001 131ST PLACE NORTH 9001 131st Place North CITY-ST-ZIP CITY-ST-ZIP LARGO FL Largo, FL 33773 ☐ Delete TITLE \_\_\_ Change X Addition Tara L. Zurman STREET ADDRESS STREET ADDRESS 9001 131st Place North CITY-ST-ZIP CITY-ST-ZIP Largo, FL 33773 TITLE ☐ Delete TITLE **X** Addition NAME Marian C. Donnelly STREET ADDRESS STREET ADDRESS 9001 131st Place North CITY-ST-ZIP CITY-ST-ZIP Largo, FL 33773 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information § antal 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 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 indicated on this report or suppler of the corporation or the receiver r trustee empowere changed, or on an attachment th an addre. other like empowered.

Marian C. Donnelly

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 - 19 - 01

Date

727-586-6288

Daytime Phone #