2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PR

NED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P96000032769** May 13, 2000 8:00 am **Secretary of State** BLADES OF GREEN, INC. 05-13-2000 90027 041 ***150.00 Mailing Address Principal Place of Business 23172 BENTLEY PLACE 23172 BENTLEY PLACE **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State -65-0658340 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARRISH, JOHN Street Address (P.O. Box Number is Not Acceptable) 23172 BENTLEY PLACE **BOCA RATON FL 33433** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE PACIFICO, JOSEPH NAME **5 GREENDALE LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP E. NORTHPORT NY 11731 CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE TITLE GARRISH, JOHN NAME NAME 23172 BENTLEY PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP supplied Ath this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information ental reporting 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address with all cities like appropriet. 13. I hereby certify that the information indicated on this report or supple of the corporation or the receiver nental reportis or trustee emp changed, or on an attachme th all other lil empowered

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