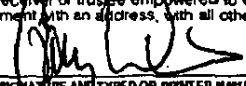


FILED
Aug 15, 2003 8:00 am
Secretary of State

06-09-2003 90113 007 ***150.00
08-15-2003 90084 023 ***400.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000046545			
1. Entity Name GREENSPACE TECHNOLOGY, INC.			
Principal Place of Business 15560 MCGREGOR BOULEVARD #8 FORT MYERS, FL 33908		Mailing Address 15560 MCGREGOR BOULEVARD #8 FORT MYERS, FL 33908	
2. Principal Place of Business		3. Mailing Address 4411 CLEVELAND AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT MYERS, FL	
Zip	Country	Zip	Country
		33901	USA
4. FEI Number 65-0682834		Applied For Not Applicable	
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	
WINROW, GARY 15560 MCGREGOR BOULEVARD #8 FORT MYERS, FL 33908		Name RICHARD SIMEONE Street Address (P.O. Box Number is Not Acceptable) 4411 CLEVELAND AVENUE City FT MYERS FL Zip Code 33901	
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  DATE 5/29/03 (NOTE: Registered Agent's signature required when instituting.)			
FEE NOV 11, 2003 \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINROW, GARY 15560 MCGREGOR BLVD., #8 FORT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date 5/29/03 Daytona Phone # 239-482-3711	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR20034 (10/02)