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	Mailing Address
15560 MCGREGOR BOULEVARD #8 FORT MYERS, FL 33908	15560 MCGREGOR BOULEVARD #8 FORT MYERS, FL 33908

[redacted]

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 33901	Country USA

☐ CHECK HERE IF MAKING CHANGES

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

WINROW, GARY
15560 MCGREGOR BOULEVARD
#8
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

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 [signature] DATE 5/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WINROW, GARY		NAME		
STREET ADDRESS	15560 MCGREGOR BLVD., #8		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] 5/29/03 239-482-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #