

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90323 028 ***150.00

0475050 AV

DOCUMENT # P96000058742
 1. Entity Name
GREEN-LEAF GROWERS, INC.

Principal Place of Business Mailing Address
4201 SCHUMACHER ROAD **4201 SCHUMACHER ROAD**
SEBRING FL 33872 **SEBRING FL 33872**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4312 Wood Ave **PO Box 7143**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sebring FL **Sebring FL**

Zip Country Zip Country
33875 **USA** **33872** **USA**

4. FEI Number Applied For
65-0679961 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CARTER, CHERYL A
4233 SCHUMACHER ROAD
SEBRING FL 33872

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4312 Wood Ave
 City State Zip Code
Sebring **FL** **33872**

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 **Cheryl A. Carter** **Cheryl A. Carter** **4-26-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CARTER, CHERYL A 4201 SCHUMACHER ROAD SEBRING FL 33872 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WALLACE, S. ANITA 4201 SCHUMACHER ROAD SEBRING FL 33872 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4312 Wood Ave Sebring FL 33875 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4312 Wood Ave Sebring FL 33875 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cheryl A. Carter** **4-26-02** **863 471 6222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)