

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

DOCUMENT # **96000066205**

1. Entity Name

**Greenstar AUTO SALES, INC.**



03 OCT 30 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**504 N. John Young Pkwy**

Suite, Apt. #, etc.

City & State  
**Orlando, FL**

Zip  
**32804**

Country  
**USA**

3. Mailing Address

**P.O. Box 590095**

Suite, Apt. #, etc.

City & State  
**TAMARAC, FL**

Zip  
**33359**

Country  
**USA**

**REINSTATEMENT 03**

4. FEI Number

**65-0687161**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**DERICK Richardson**

Street Address (P.O. Box Number is Not Acceptable)

**504 North John Young PARKWAY**

City

**Orlando**

FL

Zip Code

**32804**

**DO NOT WRITE  
IN THIS SPACE**

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

*Derick Richardson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President  
Derick Richardson  
P.O. Box 590095  
TAMARAC, FL 33359**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*11/15*

TITLE  
NAME  
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CITY - ST - ZIP

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**500024284285  
10/30/03-01031-007 \*\*150.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Derick Richardson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10.24.03**

Date

**754-264-7249**

Daytime Phone #

CR2E034B (12/02)

10-16-03  
I, Derrick Richardson did Not receive  
the reinstatement Application for the  
Corporation of Derricks Auto Sales Inc.  
FEI 65-0678161

Sincerely Yours,

Derrick Richardson

Derrick Richardson  
President