

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90043 040 \*\*\*158.75

0525516

**DOCUMENT # P96000087650**

1. Entity Name

**GREENUTS, INC.**

Principal Place of Business

Mailing Address

911 CHESTNUT ST  
 CLEARWATER FL 34617-1368

911 CHESTNUT ST  
 CLEARWATER FL 34617-1368

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3414173**

Applied For  
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGUE, CAROL  
 911 CHESTNUT ST  
 CLEARWATER FL 34617-1368

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HALE, MARION	
STREET ADDRESS	911 CHESTNUT ST	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, ELIZABETH J	
STREET ADDRESS	911 CHESTNUT STREET	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGUE, CAROL A	
STREET ADDRESS	911 CHESTNUT ST	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Carol A. Hague* **CAROL A. HAGUE**

**4-16-01** **727.461.1818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)