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

## DOCUMENT #

P96000087683

1. Entity Name

GREENWICH-MEAN MARKETING GROUP, INC.



## Apr 14, 2003 8:00 am & Secretary of State

GREENWOO	L-MENN MAUVE HIN	d GROUP, INC.							
Principal Place of Business 1611 WEST CAMINO DEL RIO VERO BEACH FL 32963 2. Principal Place of Business		Mailing Address 1177 18TH PL., STE. A VERO BEACH FL 32960  3. Mailing Address			I TRACITOR FOR IRING BOOM BOOM ROAD BOOM DOWN	THE LOCAL CHICA PERCONNICIONAL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0705580	Applied For Not Applicable			
Zip	Country	Zip	Coun	try		\$8.75 Additional Fee Required			
	6. Name and Address of Cu	rrent Registered Agent	· · · · · · · · · · · · · · · · · · ·		7. Name and Address of New Registered Agent				
ENGLISH, SHARON J 1611 WEST CAMINO DEL <sup>®</sup> RIO				Name Street Address (P.O. Box Number is Not Acceptable)					
**VERO BEACH FL 32963				City	FL	Zip Code			
the obligations  ** SIGNATURE	s of registered agent.				ed agent, or both, in the State of Florida. I am fa	amiliar with, and accept			
Sign	nature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registered	d Agent signature required	when reinstating) DATE				
FILE	NOW!!! FEE IS \$150.0	0			9. Election Campaign Financing	\$5.00 May Be			

Afte Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State	- **		, -	Trust Fund Contribution.	Added	U May Be I to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	5 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTS ENGLISH, SHARON J 1611 W. CAMINO DEL RIO VERO BEACH FL 32963	☐ 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		30	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS GUY-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.