6/30 FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 17, 2000 8:00 am Secretary of State DOCUMENT # P96000096168 Entity Name 06-30-2000 90003 001 \*\*\*150.00 GREENTEC. INC. 08-17-2000 90001 023 \*\*\*400.00 Mailing Address tingipal Place of Business 2506 PEGASUS DR. F PEGASYS DR. B0104624 COLORADO SPRINGS CO 80906-1024 coaco springs co 80906 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3412198 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired \* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gregory B Green Street Address (P.O. Box Number is Not Acceptable) 903 CLEACREEK DR TAMPA FL 33513 City Zip Code 1. 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. M.E ☐ Delete TITLE ☐ Change Addition GREEN, GREGORY B IAME NAME STREET ADDRESS TREET ADDRESS 2506 PEGASUS DR. TTY-ST-ZIP CITY-ST-ZIP COLORADO SPRINGS CO 60906 Change Addition **VSD** Defete TITLE MLE GREEN, JODY R AME NAME TREET ADDRESS 2506 PEGASUS DR. STREET ADDRESS CITY-ST-ZIP JTY-ST-20P COLORADO SPRINGS CO 80906 Delete: . Change ☐ Addition πle TITLE NAME AME STREET ADDRESS THEET ADDRESS CITY-ST-ZIP ITY-ST-ZIP Addition Change MLE Detete TITLE NAME STREET ADDRESS TREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP MLE Calate C TITLE Change

3. 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 ill made under oath; that I am an officer or direction 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 changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

☐ Datete

STREET ADDRESS

STREET ADDRESS City-St-Zip

CITY-ST-ZIP

SIGNATURE:

TREET ADDRESS

TREET ADDRESS

ITY-ST-ZIP

ITY-SY-ZIP

ΊLE

AME

Greany B Green 6

6/19/00 71

718-34

Daytime Phone #

☐ Change