

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007134

1. Entity Name

GREEN VISIONS BY JON INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90070 016 ***150.00

Principal Place of Business

Mailing Address

P O BOX 23117
JACKSONVILLE FL 32241

P O BOX 23117
JACKSONVILLE FL 32241-3117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3418742

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCANCE, JONATHAN E
10632 CYPRESSWOOD DR W
JACKSONVILLE FL 32257

Name Jonathan E. McCance

Street Address (P.O. Box Number is Not Acceptable)
4527 N. Carolyn Cove Ln.

City Jacksonville

FL

Zip Code 32258

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

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS MCCANCE, JONATHAN E
CITY-ST-ZIP 10632 CYPRESSWAY DR W
JACKSONVILLE FL 32257

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS Mccance, JONATHAN E.
CITY-ST-ZIP 4527 N. Carolyn Cove Ln.
Jacksonville, FL. 32258

TITLE ☐ Delete
NAME VST
STREET ADDRESS MCCANCE, KELLY E
CITY-ST-ZIP 10632 CYPRESSWOOD DR W
JACKSONVILLE FL 32257

TITLE ☒ Change ☐ Addition
NAME VST
STREET ADDRESS Mccance, KELLY E.
CITY-ST-ZIP 4527 N. Carolyn Cove Ln.
JACKSONVILLE, FL. 32258

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Kelly E. McCance VST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/00

904-292-4313

CR2E034 (9/99)