

2000 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # **PA 1000007134**

1. Entity Name

GREEN VISIONS By Jon

Principal Place of Business

Mailing Address

**P.O. Box 23117
JACKSONVILLE FL. 32241**

00 OCT -4 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEE Number

59-3418742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JONATHAN E. McCANCE
P.O. BOX 4527 CAROLYN COVE LWN.
JAX FL. 32258**

7. Name and Address of New Registered Agent

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

[Signature]

(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

TITLE **ST** **VICE PRESIDENT** ☐ Delete
NAME **KELLY McCANCE**
STREET ADDRESS **4527 CAROLYN COVE LWN**
CITY-ST-ZIP **JAX FL. 32258**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **KELLY McCANCE**
STREET ADDRESS **4527 CAROLYN COVE LWN**
CITY-ST-ZIP **JAX FL. 32258**

TITLE **PRESIDENT** ☐ Delete
NAME **JONATHAN E McCANCE**
STREET ADDRESS **4527 CAROLYN COVE LWN**
CITY-ST-ZIP **JAX FL. 32258 (PRES.)**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **KELLY McCANCE**
STREET ADDRESS **4527 CAROLYN COVE LWN**
CITY-ST-ZIP **JAX FL. 32258**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **KELLY McCANCE**
STREET ADDRESS **4527 CAROLYN COVE LWN**
CITY-ST-ZIP **JAX FL. 32258**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **KELLY McCANCE**
STREET ADDRESS **4527 CAROLYN COVE LWN**
CITY-ST-ZIP **JAX FL. 32258**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
NAME **KELLY McCANCE**
STREET ADDRESS **4527 CAROLYN COVE LWN**
CITY-ST-ZIP **JAX FL. 32258**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
NAME **KELLY McCANCE**
STREET ADDRESS **4527 CAROLYN COVE LWN**
CITY-ST-ZIP **JAX FL. 32258**

TITLE **PRESIDENT** ☐ Change ☐ Addition
NAME **JONATHAN E McCANCE**
STREET ADDRESS **4527 CAROLYN COVE LWN**
CITY-ST-ZIP **JAX FL. 32258 (PRES.)**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
NAME **KELLY McCANCE**
STREET ADDRESS **4527 CAROLYN COVE LWN**
CITY-ST-ZIP **JAX FL. 32258**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
NAME **KELLY McCANCE**
STREET ADDRESS **4527 CAROLYN COVE LWN**
CITY-ST-ZIP **JAX FL. 32258**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
NAME **KELLY McCANCE**
STREET ADDRESS **4527 CAROLYN COVE LWN**
CITY-ST-ZIP **JAX FL. 32258**

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-4-00 (911) 292-9700