## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P97000031638

**DOCUMENT #** 1. Entity Name



## **FILED** Mar 13, 2003 8:00 am Secretary of State

GREÉNB	riar retiri	EMENT, INC.							03-13-20	03 90051	002 **	**158.	/3	
Principal Place of Business 3615 MC NEIL RD. APOPKA FL 32703  Mailing Address 3615 MC NEIL RD. APOPKA FL 32703								4 ( <b>4 1</b> ) (4	<b>8</b> 6 118 (811) (881) 88		<b>1134</b> 1( 111	<b>                                    </b>	500 <b>0</b> 1 1 <b>0</b> 15 2001	
2. Principal f	Place of Business		3. Mai	iling Address										
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State			4.		4. FEI Number 59-3445247 ·				Applied For Not Applicable		
Zìp		Country -=	Zip		Cour	ntry		5. Certificate	of Status Desir	ed 🔏		<b>75</b> Add Required	litional	1
	6. Name and	Address of Curr	ent Registere	ed Agent			7	. Name and	Address of No	w Register	ed Agen	t		]
GOUCHE	R, WILLIAM C					Name Street A	ddroes (P.C	. Box Numbe	r is Not Accept	toblo)				}
3615 MC APOPKA	NEIL RD. FL 32703					302	<u> 24 5</u>	arat	30 D				<del></del>	
						City	ر ا	ando		_	-	Zip Code	३०८	
	e named entity sui tions of registered	bmits this statemer I agent.	nt for the purp	ose of changing it	s register	ed office or	registered	agent, or bot	n, in the State o	of Florida. Ta	am famili	ar with, a	and accept	
														1
SIGNATURE		nted name of registered a	gent and title if app	olicable. (NO	TE: Registere	ed Agent signatu	re required who	en reinstating)		· DAT	TE			
F . Afte	FILE NOW!!! F r May 1, 2003 F	EE IS \$150.00 ee will be \$550.	00	vicable. (NO	TE: Registere	ed Agent signatu	ure required who	<b>9.</b> Ele	ction Campaig st Fund Contrib	n Financing	re		<b>0</b> May Be to Fees	
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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 eath; 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.

SIGNATURE:

407-262-7725