

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052369

1. Entity Name

GREEN FROG ENTERPRISES, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90027 034 ***150.00

Principal Place of Business

954 17TH ST. N
JACKSONVILLE BEACH FL 32250

Mailing Address

P.O. BOX 50736
JACKSONVILLE BEACH FL 32240-0736

2. Principal Place of Business

915 9TH AVE. S.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 50736
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JAX. BEACH, FLA.

City & State

JAX. BEACH FLA.

4. FEI Number

58-2324616

Applied For

Not Applicable

Zip

Country

32250

USA

Zip

Country

32240

FLORIDA USA

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

LINGER, DAVID M
302 THIRD ST., SUITE 5
NEPTUNE BEACH FL 32266

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, 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 P
NAME MENDELL, VICTOR
STREET ADDRESS 954 17TH ST. N
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE P
NAME McNeal, Deanna L.
STREET ADDRESS 915 9th Ave. S.
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE ~~MCNEAL, DEANNA L.~~
NAME ~~915 9TH AVE. S.~~
STREET ADDRESS ~~JAX. BEACH, FLA. 32250~~
CITY-ST-ZIP

TITLE
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

904-318-7363

Daytime Phone #

CR2E034 (9/99)