

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057829

1. Entity Name
GREENCO INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90976 048 ***150.00

Principal Place of Business 830 CRESSWELL LANE W JACKSONVILLE FL 32221 US	Mailing Address 830 CRESSWELL LANE W JACKSONVILLE FL 32221-1259 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3464536	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, GAIL B 830 CRESSWELL LANE WEST JACKSONVILLE FL 32221	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, CHARLES B 830 CRESSWELL LANE WEST JACKSONVILLE FL 32221	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Secty. Gail B. Moore 830 Cresswell Lane W. Jax. FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, CHARLES B 830 CRESSWELL LANE WEST JACKSONVILLE FL 32221	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Charles B. Moore Director / Pres. 4-29-00 904-783-9163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)