## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 10, 2001 8:00 am DOCUMENT # P97000096392 Secretary of State GREENBENCH REALTY AND PROPERTY MANAGEMENT, INC. 05-10-2001 90179 005 \*\*\*150.00 Principal Place of Business Mailing Address 3621 CENTRAL AVENUE 3621 CENTRAL AVENUE ST.PETERSBURG FL 33713 ST.PETERSBURG FL 33713 2. Principal Place of Business 3540 - 5++-3 Mailing Address - Han Ave N Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3479894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LETOURNEA. SUZANNE 7589 15TH AVE N SAINT PETERSBURG FL 33710 2000 O L Treasure Island 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete NAME NAME LETOURNEA, SUZANNE STREET ADDRESS STREET ADDRESS 7589 15TH AVENUE NORTH Treasure Island, PL33706 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33710 TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 peport 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 at address, with all other like empowered. 721-3680192