

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90109 043 ***150.00

DOCUMENT # P97000103297

1. Entity Name
GREEN PINE ESTATES, INC.



Principal Place of Business
**1204 WHITE PINE DR
WEST PALM BEACH FL 33414**

Mailing Address
**1204 WHITE PINE DR
WEST PALM BEACH FL 33414**

2. Principal Place of Business
6963 Wilson Rd
Suite, Apt. #, etc.

3. Mailing Address
6963 Wilson Rd
Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Bch, FL

4. FEI Number **63-0831735**

Applied For
Not Applicable

Zip Country
33413 Palm Bch

Zip Country
33413 P.B.

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BROOME, WILLIAM R.H.
1818 AUSTRALIAN AVE S, STE 202
COMMERCE POINTE
WEST PALM BEACH FL 33409**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **RAWN, JOHN D**
STREET ADDRESS **6963 WILSON ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **VSD** ☐ Delete
NAME **ORLOFF, RONALD G**
STREET ADDRESS **1204 WHITE PINE DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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12. 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 10 or Block 11 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

1-24-03 561-478-7445
Date Daytime Phone #

CR2E034 (10/02)