

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90265 037 ***150.00

DOCUMENT # P98000012364

1. Entity Name

GREEN FINANCIAL SERVICES INC.

Principal Place of Business

**3500 N STATE RD 7
 #438
 LAUDERDALE LAKES FL 33319**

Mailing Address

**3500 N STATE RD 7
 #438
 LAUDERDALE LAKES FL 33319**

2. Principal Place of Business

333 SW 27 Ave

Suite, Apt. #, etc.

Ft.

City & State

Ft. Lauderdale

Zip

33313

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0829406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MORRIS, DIONNE A

3500 N ST RD 7

#438

LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent

Name

Dionne A Morris

Street Address (P.O. Box Number is Not Acceptable)

333 SW 27 Ave

City

Ft. Lauderdale FL

Zip Code

33313

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, 2002 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

TITLE **D** ☐ Delete
 NAME **MORRIS, DIONNE A**
 STREET ADDRESS **3500 NE ST RD 7, #438**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Dionne A. Morris**
 STREET ADDRESS **333 SW 27 Ave**
 CITY-ST-ZIP **Ft. Lauderdale FL 33313**

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

9547313811

Daytime Phone #

CR2E034 (9/01)