FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 26, 2001 8:00 am DOCUMENT # P98000019290 **Secretary of State** 1. Entity Name **GREENE STREET INVESTMENT CORPORATION** 03-26-2001 90170 008 ***150.00 Principal Place of Business Mailing Address 1719 LAIBE STREET 1719 LAIRD STREET KEY WEST FL 33040 KEY WEST FL 33040 818243 2. Principal Place of Business 3. Mailing Address 200_ Elizabeth ST 200 E1124 beth OT. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0816043 William WEST Not Applicable Country Country 5. Certificate of Status Desired 330 4<u>0</u> MONTOR MOURDE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OTTO, ROBERT G Street Address (P.O. Box Number is Not Acceptable) 1719 LAIRD STREET KEY WEST FL 33040 200 Flizabilh STRUT 8. The above named entity summits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, t NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intand 10. Election Campaign Financing \$5.00 May Be ment and elects to do so. Tax filing require After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria or back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE **PST** ☐ Delete TITLE Change Change OTTO, ROBERT DR NAME NAME E11246,74 3T. STREET ADDRESS STREET ADDRESS 179 LAIRD ST CITY-ST-ZIP CITY-ST-7IP KEY WEST FL 33040 Change ☐ Delete TITLE TITLE OTTO, KAREN L NAME NAME STREET ADDRESS STREET ADDRESS 179 LAIRD ST 33040 CITY-ST-ZIP CITY-ST-7IP KEY WEST FL 33040 TITLE - - - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information durate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this fill indicated on this report or supp of the corporation or the receive emental report is true r or trustee empoyer changed, or on an attack

PRINTED NAME OF SIGNING OF

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