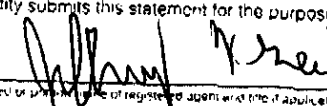


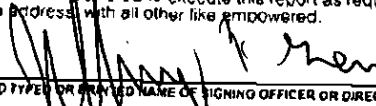
2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 24, 2000 8:00 am**
Secretary of State

05-24-2000 90161 002 ***150.00

DOCUMENT # P98000867165
1. Entity Name Jeffrey K. Green, P.A.**Principal Place of Business** 529 N. Magnolia Ave
Orlando FL 32801
Mailing Address 262 Florida Shores Blvd
Daytona Beach Shores FL 32118**2. Principal Place of Business** 529 N. Magnolia Ave
Suite, Apt. #, etc.
3. Mailing Address 262 Florida Shores Blvd
Suite, Apt. #, etc.**City & State** Orlando FL
Zip 32801 **Country** Orange
City & State Daytona Beach Shores, FL
Zip 32118 **Country** Volusia**4. FEI Number** ☐ **Applied For**
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**Jeffrey K. Green
262 Florida Shores Blvd
Daytona Beach Shores, FL
32118**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****SIGNATURE**  Jeffrey K Green 4/28/00
Signature of individual or principal of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) **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, 2000 Fee will be \$350.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
OWNER/PRESIDENT	Jeffrey K Green	☐ Change ☐ Addition	
STREET ADDRESS	262 Florida Shores Blvd	☐ Change ☐ Addition	
CITY-ST-ZIP	Daytona Beach Shores, FL 32118	☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	

CR20034 (9/99)

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

4/28/00

904-446-4469

Date

Daytime Phone #