

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90009 041 ***150.00

DOCUMENT # P98000073167

1. Entity Name

TOMMY GREENE ENTERPRISES, INC.

Principal Place of Business

**STATE RD 53 SOUTH
MADISON FL 32340**

Mailing Address

**PO DRAWER 772
MADISON FL 32341**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MADISON, FL

4. FEI Number

59-3630872

Applied For

Not Applicable

Zip

Country

Zip

Country

32341

U.S.A.

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

GREENE, TOMMY

STATE RD 53 SOUTH

MADISON FL 32340

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

**P
GREENE, TOMMY
SR 53 SOUTH
MADISON FL 32340**

TITLE ☐ Delete

**V
GREENE, WILLIAM
RT 1 BOX 3665
MADISON FL 32340**

TITLE ☐ Delete

**S
PALHOF, LATRELLE
RT 1 BOX 1569
MADISON FL 32340**

TITLE ☐ Delete

**T
KINSLEY, EMERALD G
SR 53 SOUTH
MADISON FL 32340**

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 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

Date

Daytime Phone #

THOMAS H. GREENE, JR.

4-22-02 850-973-4441