2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000103826 DOCUMENT

1. Entity Name

12

Principal Place of Business 1579 THE GREENS WAY

JACKSONVILLE BEACH FL 32250

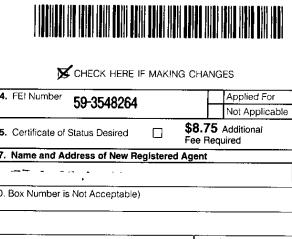
GREENS WAY II, INC., OF JAX BE



FILED Jan 13, 2003 8:00 am Secretary of State

3-2003 90705 014 ***150.00

EACH		01-1
Mailing Address 1579 THE GREENS WAY 12 JACKSONVILLE BEACH F	L 32250	
3. Mailing Address		
Suite, Apt. #, etc.		★ CHEC



2. Principal Place of Business		3. Mailing Address				4 140011000 1500 10100 10101 00151 60511 00100 115011 00100 11504 10510 11010 0111 1001					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State		4.	4. FEI Number 59-3548264 Applied Not App						
				I							
Zip		Country	Zip Countr			ry	5.	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. 1	Name and Address of New Registered	d Agent			
MORRISON, RICHARD G 1548 THE GREENS WAY, STE. 1 1579 The greens JACKSONVILLE BEACH FL 32250 Way # 12					5	Street Address (P.O. Box Number is Not Acceptable)					
				•		City		F	∟ ¦ `	Code	
8. The above the obligated SIGNATURE	tions of registi	y submits this statement for ered agent. or printed name of registered agent an				d office or regis		ent, or both, in the State of Florida. I an		vith, and accept	
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of \$	State					9. Election Campaign Financing		5.00 May Be dded to Fees	
10.	T	OFFICERS AND D	IRECTORS		11.		AD	DITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1579 THE	n, Richard G Greens Way #12 Ville Beach FL 32250		☐ Delete	NAME STREE	T ADDRESS			☐ Char	nge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1579 THE	, WILLIAM K GREENS WAY #12' VILLE BEACH FL 32250		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			☐ Chan	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	F ADDRESS ST-ZIP			☐ Chan	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET	ADDRESS			☐ Chang	ge Addition	

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 eath; 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

REQUIRED MANNE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Date

Daytime Phone #

☐ Change

Addition