

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107044

1. Entity Name

GREENE GRAPHIC DESIGNS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90174 041 ***150.00

Principal Place of Business

8891 WILES ROAD
CORAL SPRINGS FL 33067

Mailing Address

8891 WILES ROAD
CORAL SPRINGS FL 33067-1881

2. Principal Place of Business

6224 NW 45th Terrace

Suite, Apt. #, etc.

3. Mailing Address

6224 NW 45th Terr

Suite, Apt. #, etc.

City & State

Coconut Creek, Florida

City & State

Coconut Creek, Florida

4. FEI Number

65-0883461

Applied For

Not Applicable

Zip

33073

Country

Zip

33073

Country

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, DARRYL A
8891 WILES ROAD
7-302
CORAL SPRINGS FL 33067

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

3-28-00

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 \$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	D	<input type="checkbox"/> Delete
NAME	GREENE, DARRYL	
STREET ADDRESS	8891 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE, ANNETTE	
STREET ADDRESS	8891 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

Signature: *Annette Greene* RED Annette Greene 4-3-00 (54) 421-1820

CR2E034 (9/99)