

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000007470

1. Entity Name

GREEN TECHNOLOGIES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-20-2000 90019 001 ***150.00

Principal Place of Business

Mailing Address

3926 NW 34TH DR.
GAINESVILLE FL 32605

3926 NW 34TH DR.
GAINESVILLE FL 32609-1019

2. Principal Place of Business

605 N.W. 53rd Ave

3. Mailing Address

← Same

Suite, Apt. #, etc.

← "

Suite A-3

← "

City & State

Gainesville, FL

City & State

← "

Zip

32609

Country

Alachua

Zip

← "

Country

← "

4. FEI Number

59-3559836

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, MARLA K
334 E. DUVAL ST
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name Marla K. Buchanan

Street Address (P.O. Box Number is Not Acceptable)

605 N.W. 53rd Ave, Suite A-3

City

Gainesville

FL

Zip Code

32609

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

Marla K. Buchanan *Marla Buchanan*

4-15-00

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 \$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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUCHANAN, MARLA K	
STREET ADDRESS	334 E. DUVAL ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amir A. Varshovi	
STREET ADDRESS	605 N. W. 53rd Ave, Suite A-3	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	Vice President, Treasurer, Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marla K. Buchanan	
STREET ADDRESS	605 NW 53rd Ave, Suite A-3	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Marla Buchanan *Marla Buchanan* 4-15-00 (352) 379-7780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #