2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021518 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name GREENFIELD CONSULTING INC. 04-21-2000 90009 001 ***150.00 Principal Place of Business Mailing Address 1539 NANTUCKET CT. 1539 NANTUCKET CT. PALM HARBOR FL 34683 PALM HARBOR FL 34683-6433 2. Principal Place of Business 3. Mailing Address 80 7501 Ulmerton Ulmerton 7501 RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 372 # 4. FEI Number 59- 3561923 City & State Applied For Largo Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33771 3*377 l* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GINA Greenfield GREENFIELD, GINA Street Address (P.O. Box Number is Not Acceptable) 1539 NANTUCKET CT. PALM HARBOR FL 34683 the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed na FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. VP / 5 ☐ Addition PTD TITLE GENA CHENFICIA TITLE Delete GREENFIELD, GINA NAME NAME 7501 Ulmerton RO # 1511 STREET ADDRESS STREET ADDRESS 1539 NANTUCKET CT. CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Addition TITLE Delete Dauto Greenfield TITLE GREENFIELD, DAVID NAME NAME Ulmerton RD # 1511 STREET ADDRESS STREET ADDRESS 1539 NANTUCKET CT. CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 Change Delete ☐ Addition TITLE TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

L. Greenfield 04-13-00