AMENDED

2003 FOR PROFIT CORPORATION ... **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000021812

1. Entity Name

C. H. GREEN FUEL TRANSPORT, INC.



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SECREIARY OF STATE TĂLLAHASSES, FLORIDA

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DO NOT			

2. Principal Place of Business 4708 Westwind Drive	3. Mailing Address 4708 Westwind Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Plant City Florida	City & State Plant City, Florida

DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number Not Applicable 59-3562531 \$8.75 Additional 5. Certificate of Status Desired

7. Name and Address of Current Registered Agent

33567

SIGNATURE

Country U.S.

33567

Country U.S.

Fee Required

D(O)N(O) MR(O) IN THIS SPACE

Name

(NOTE: Registered Agent aignature required when reinstating)

Jean C. Green

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

4708 Westwind Drive

Plant City

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. I am familiar with, and accept

the obligations of registered agent.

300011789843 02/04/03--01078--024 **61.25

Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 After May 11 Fee is \$550.00 Amended UBR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE NAME NAME Charles H. Green, Jr. STREET AUDRESS STREET ADDRESS 4708 Westwind Drive CITY-ST-ZIP Plant City, Florida 33567 CITY-ST-ZIP MILE TITI F S/D NAME NAME Jean C. Green STREET ADDRESS STREET ADDRESS 4708 Westwind Drive Plant City, Florida CITY-ST-ZIP 33567 CITY-ST-78P TITLE TITLE T/DNAME Charles H. Green NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS 4708 Westwind Drive CATY-ST-ZIF CITY-ST-ZIP 33567 Plant City, Florida IN THIS SPACE TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or on an attachment with or the receiver of the compounded. with all other like empowered. attachment with an address,

SIGNATURE:

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JEAN C. GREEN, SECRETARY 1/31/03 (813)754-9301 Daytime Phone #

gs 2/10/03

CR2E034B (12/02)