

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026837

1. Entity Name

WILLIAM J. GREEN, P.A.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90055 003 ***150.00

Principal Place of Business 4300 BAYOU BLVD. SUITE 12 & 13 PENSACOLA FL 32503	Mailing Address 4300 BAYOU BLVD. SUITE 12 & 13 PENSACOLA FL 32503-2614
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. Suite 13	Suite, Apt. #, etc. Suite 13
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City & State	City & State
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Zip 32503-2671	Country	Zip 32503-2671	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3562991	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREEN, WILLIAM J 4300 BAYOU BLVD, SUITE 12 & 13 PENSACOLA FL 32503

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 13 City FL Zip Code 32503-2671

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, WILLIAM J 4300 BAYOU BLVD, SUITE 12 & 13 PENSACOLA FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 13 32503-2671
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, PEGGY 4300 BAYOU BLVD, SUITE 12 & 13 PENSACOLA FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 13 32503-2671
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: WILLIAM J. GREEN, PRES. 19 MARCH 2000 (850) 477-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)