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

P99000038394 **DOCUMENT #**

1. Entity Name GREÉN ACRES REALTY GROUP, INC.



| | | | GOD WE THE | |
|--|--|---|---------------------------------------|---|
| Principal Place of Business 5550 15TH ST. E. BRADENTON FL 34203 | | Mailing Address 5550 15TH ST. E. BRADENTON FL 34203 | | |
| Principal Place of Business 3 | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES |
| City & State | | City & State | | 4. FEI Number 65-0927261 Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | 6. Name and Address of Current I | Registered Agent | | 7. Name and Address of New Registered Agent |
| | | - | Name | |
| MATTHEWS, TERENCE 5190 26TH ST. WEST, SUITE D BRADENTON FL 34207 | | | Street Address | s (P.O. Box Number is Not Acceptable) |
| DRADENTON FL 34207 | | City | FL Zip Code | |
| the obligat | tions of registered agent. Signature, typed or printed name of registered agent a | | IS registered Office or registr | ered agent, or both, in the State of Florida. I am familiar with, and accept ed when reinstating) |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| 10. | OFFICERS AND I | DIRECTORS . | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST HANEY, MICHAEL D 5550 15TH STREET E BRADENTON FL 34203 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HANEY, WILLIAM W 5550 15TH STREET EAST BRADENTON FL 34203 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST | Delete | NAME STREET ADDRESS CITY-ST-ZIP | Change |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | Change Addition |

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (10/02)