2002

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -7 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000039893

1. Entity Name

D. B. GREENE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17951 SE 28 LANE Rd.
Suite, Apt. #, etc.
City & State
Silver Springs Fl.
Zip 34488 Country

3. Mailing Address
Business Councelling Services, Inc.
Suite, Apt. #, etc.
City & State
~~Ocala~~ OCALA F.L.
Zip 34478-1087 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3584229
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: DONALD GREENE
Street Address (P.O. Box Number is Not Acceptable):
17951 SE 28 LANE Rd.
City: Silver Springs FL Zip Code: 34488

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: DONALD B. GREENE ~~Exec~~. Donald B Greene 4-26-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required where indicated.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DONALD B. GREENE<br>17951 SE 28 LANE Rd<br>Silver Springs Fl. 34488 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 600005558466--2<br>-05/20/02--01006--009<br>****150.00 ****150.00 |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donald B Greene DONALD B. GREENE 4-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #