

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90236 047 ***158.75

0483688

DOCUMENT # P99000052838

1. Entity Name

GREEN SPIRIT, INC.

Principal Place of Business

**3331 S KIRKMAN RD
 #522
 ORLANDO FL 32811
 US**

Mailing Address

**PO BOX 617415
 ORLANDO FL 32861-7415
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3431011**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANCHOLA, RICARDO
 3331 S KIRKMAN RD
 APT 522
 ORLANDO FL 32811**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D CANCHOLA, RICARDO**
 STREET ADDRESS **4949 CASON COVE DR, #722**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☒ Change ☐ Addition
 NAME **D CANCHOLA, RICARDO**
 STREET ADDRESS **3331 S. KIRKMAN RD APT 522**
 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☐ Delete
 NAME **D CANCHOLA, MELANIE**
 STREET ADDRESS **4949 CASON COVE DR, #722**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☒ Change ☐ Addition
 NAME **D CANCHOLA, MELANIE**
 STREET ADDRESS **3331 S. KIRKMAN RD APT 522**
 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☐ Delete
 NAME **D CANCHOLA, EDUARDO**
 STREET ADDRESS **4949 CASON COVE DR, #722**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☒ Change ☐ Addition
 NAME **D CANCHOLA, EDUARDO**
 STREET ADDRESS **3331 S. KIRKMAN RD APT 522**
 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICARDO CANCHOLA

APRIL/27/2001 (407) 299 3497

Date

Daytime Phone #

CR2E034 (10/00)