

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91498 006 \*\*\*158.75

**DOCUMENT # P99000052838**

1. Entity Name  
**GREEN SPIRIT, INC.**



Principal Place of Business  
**4736 WALDEN CIR., 1132**  
**ORLANDO FL 32811**  
**US**

Mailing Address  
**4736 WALDEN CIR., 1132**  
**ORLANDO FL 32811**  
**US**

2. Principal Place of Business  
**6034 WESTGATE DR.**

3. Mailing Address  
**P.O. Box 692583**

Suite, Apt. #, etc.  
**203**

Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

Zip  
**32835**

Country  
**US**

Zip  
**32869**

Country  
**US**

4. FEI Number  
**59-3709243**

Applic For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CANCHOLA, RICARDO**  
**4736 WALDEN CIR., 1132**  
**ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name  
**CANCHOLA, RICARDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**6034 WESTGATE DR. 203**  
City  
**ORLANDO** FL Zip Code  
**32835**

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.

SIGNATURE **RICARDO CANCHOLA, PRESIDENT**

**APRIL 18, 2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CANCHOLA, RICARDO</b> <b>4736 WALDEN CIR., 1132</b> <b>ORLANDO FL 32811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANCHOLA, EDUARDO</b> <b>4736 WALDEN CIR., 1132</b> <b>ORLANDO FL 32811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANCHOLA, EDUARDO</b> <b>3331 S. KIRKMAN RD APT 522</b> <b>ORLANDO FL 32811</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CANCHOLA, RICARDO</b> <b>6034 WESTGATE DR. 203</b> <b>ORLANDO, FL 32835</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 or 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.

SIGNATURE: **RICARDO CANCHOLA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 18, 2003 (407) 522-7372**

Date

Daytime Phone #

CR2E034 (10/02)