

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082218

1. Entity Name
THE GREEN MAN, INC.

Principal Place of Business

1381 FAIRFAX CIR. E.
LANTANA FL 33462

Mailing Address

1381 FAIRFAX CIR. E.
LANTANA FL 33462

2. Principal Place of Business

5753 Descartes Circle

3. Mailing Address

5753 Descartes Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33437

Country

USA

Zip

33437

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBER, MARK

1381 FAIRFAX CIR. E.
LANTANA FL 33462

Name

Weber, Mark

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

5753 Descartes Circle

Boynton Beach, FL

Zip Code

33437

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

Mark C. Weber

Mark Weber

4/9/01

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

TITLE **PD** ☐ Delete
NAME **WEBER, MARK**
STREET ADDRESS **1381 FAIRFAX CIR. E.**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5753 Descartes Circle**
CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Mark C. Weber

Mark Weber

4/9/01

84-736-8355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90051 022 ***150.00

642229



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)