

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90013 014 ***150.00

DOCUMENT # P99000088640

1. Entity Name
GREEN'S NATURAL CONCEPTS, INC.

Principal Place of Business 5349 CEDAR LAKE ROAD BLDG 12. UNIT 38 BOYNTON BEACH FL 33437	Mailing Address 5349 CEDAR LAKE ROAD BLDG 12. UNIT 38 BOYNTON BEACH FL 33437-3044
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2. Principal Place of Business 9819-G S. Military	3. Mailing Address 9819-G S. Military
Suite, Apt. #, etc. TR.	Suite, Apt. #, etc. TR.
City & State Boynton Bch, FL	City & State Boynton Bch, FL
Zip 33436	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
DREW GREEN

Street Address (P.O. Box Number is Not Acceptable)
5349 CEDAR LAKE ROAD

City
Boynton Bch

State
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 **Drew Green** **DREW GREEN PRESIDENT** **4-17-00**

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, 2000 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 PD	<input type="checkbox"/> Delete	TITLE GREEN, DREW	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREEN, DREW		NAME	
STREET ADDRESS 5349 CEDAR LAKE ROAD BLDG 12, UNIT 38		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREEN, MARY		NAME	
STREET ADDRESS 5349 CEDAR LAKE ROAD BLDG 12, UNIT 38		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Drew Green** **DREW GREEN PRES.** **4-17-00** **3613681604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)