## "FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 0000 90950 GREENWICH CONSULTING, INC.

## **FILED** Feb 03, 2003 8:00 am Secretary of State

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	DO N	OT WRITE	E IN THIS S					
2. Principal Place of Business 462 STONEMONT DRIVE 462 STONEMONT				MOUT DR	1VE			
Suite, Apt			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
WESTON, FLORIDA			City & State			4. FEI Number 65-096 287		Applied For Not Applicable
333	26	Country S.A.	zip33326	Country O. S. A	7.	5. Certificate of Status Desired	<b>\$</b>	8.75 Additional
BSBN 257 W.S. ABSC 255 W. B				Carlotte Control		7. Name and Address of Curren		
			Name	Name				
	O NOT W	RITE	Street	TAMMY R. TOCCI  Street Address (P.O. Box Number is Not Acceptable)				
	I THIS SF	LANCE AND REPORT OF THE PARTY O	Julie	462 STONEMONT DRIVE				
	111		AUE					
				City	Him	<u> </u>		Zip Code
8. The above	named entity	submits this statement for	or the purpose of changing it	s registered office	WE	G TON d agent, or both in the State of Flo	FL	33326
the obligat	tions of registe	red agent.	in the purpose of changing it	s registered office	or registere	d agent, or both in the State of Fi	orida. I am fan	niliar with, and accept
	Tam	MU TOCAT	005510 00 15	_	04	$\sim$		
SIGNATURE .	Signature, typed or	r printed name of registered agent.	PRESTIDENT and title if applicable. (NO	TE: Registered Agent sign	Tain ature required w	y /occ	PATE 2	23-03
	nuary 1 - May After May 1 Amended I	y 1 Fee Is \$150.00 Fee is \$550.00 UBR is \$61.25 Fiorida Department of				9. Election Campaign Fin Trust Fund Contribution	ancing	\$5.00 May Be Added to Fees
10.	•	OFFICERS AND	DIRECTORS	Marine South	4年1月1日			and the state of the same of t
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03 954.579-1309