2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095205						FILED Jul 17, 2000 8:00 am				
GREENSIDE UP, INC.						Secretary of State 07-17-2000 90116 009 ***550.00				
Principal Plac	e of Business	Mailing Address	- V-				07-17-2000	90116 00	9 ***550.	00
4121 NEPTUNE RD- ST CLOUD FL 34769 ST CLOUD FL 34										
AL GEOOD FL	<u>94193</u>	01 0E000 TE 32700 0741								
2. Principal P	lace of Business	3. Mailing Address								
701 N.	Canoe Creek Rd	Same Suite, Apt. #, etc.								
Suite, Apt.								*EIN (DIO 3		
City & State	wille, Fl.	City & State				4. FEI Number Applied For S9 - 360 60 57 Not Applicable				
Zip 3473	Country	Zip	Count	ry			Certificate of Status Desired	П	\$8.75 Add Fee Required	
<u> </u>	6. Name and Address of Current F	Registered Agent			<u> </u>	7. N	lame and Address of New			
YATES, SUZETTE M Street					ط2د Idress (F	Hc. Bo	ox Number is Not Acceptable	e)		
	LOUD FL 34769			701	<i>N</i> ·	C	ance Creek	Rd		
			ŀ	City K	ena		ville	FL	Zip Code	<u>3</u> 9
8. The above	named entity submits this statement for	the purpose of changing its re	egistere	d office or				orida.		
SIGNATURE .	Suzette M Vates, F Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	I Agent signatu	ne required	when re	instating) t.	une DATE,	26, 20	<u>300</u>
Tax filing requirement and elects to do so. After MA			W!!! FEE IS \$150.00 2000 Fee will be \$550.00 vable to Department of Sta			le l	10. Election Campaign F Trust Fund Contributi	· -		May Be to Fees
11.	OFFICERS AND (12.		_	AD	DITIONS/CHANGES TO OF	FICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	YATES, SUZETTE M 4121 NEPTUNE RD ST CLOUD FL 34769	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, JENNIFER L 4121 NEPTUNE RD ST CLOUD FL 34769	⊠ Delete		Į.					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	D YATES, CALVIN 4121 NEPTUNE RD ST CLOUD FL 34769	- □ Delete - · ·		-	, ÷	^ * .	s≈ - }		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, JOHN 4121 NEPTUNE RD ST CLOUD FL 34769	⊠ ,0elete			_				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ŀ					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE						☐ Change	Addition
13. I hereby of indicated of the cor	Destrify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empore on an attachment with an address with an address.	true and accurate and that my wered to execute this report a	the exer y signat ıs requir	nption stature shall had by Cha	ed in Se ave the s pter 607	ction same I , Flori	119.07(3)(i), Florida Statutes legal effect as if made under da Statutes; and that my nar	. I further cer oath; that I a ne appears i	tify that the ir am an officer n Block 11 or	nformation or director Block 12 if