FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 05, 2003 8:00 am Secretary of State

05-05-2003 90247 019 ***150.00

DOCUM	ENT#	P990	0000	95205	
1. Entity Name	Greens	ide	Up,	Inc.	



90123782 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1300 C. Yates Lane Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Kenansville, Fl 59-3606057 Not Applicable 元 34739 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Name Suzette Yates DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1300 C. Yates Eane IN THIS SPACE 34739 Kenansville 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, typed or printed name of registered agent and title if applicable January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS Pres., VP, Se Suzette Yates VP, Sec., Treasurer CRZE034B (12/02) TITLE NAME NAME STREET ADDRESS 1300 C. Yates Lane STREET ADDRESS CITY-ST-ZIP Kenansville, Fl 34739 THLE Director Calvin Yates NAME STREET ADDRESS 1300 C. Yates Lane STREET ADDRESS CITY-ST-ZIP CITY, ST-ZIP Kenansville, Fl. 34739 mie 5, 7 NAMI-NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY ST. ZIP INLE 4 1 1 TITLE IN THIS SPACE NAME , STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE S 🔍 TIFLE NAME 3 NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP COY-ST ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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.