

2001 UNIFORM BUSINESS REPORT

DOCUMENT # P99000104/30

THE GREEN SAIL GROUP, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90356 011 ***150.00

1800 THE GREENS WAY, #1911 JACKSONVILLE BEACH, FL 32250
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769100

2. 1180 EAGLE BLUFF LANE		3. 1180 EAGLE BLUFF LANE		4. FBI Number 59-3611069	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		Add-on For Not Applicable	
Zip 32259	County DUVAL	Zip 32259	County DUVAL	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LISA NEBLETT 1800 THE GREENS WAY, #1911 JACKSONVILLE BEACH, FL 32250				Name	
				Street Address (P.O. Box Number is Not Acceptable) 1180 EAGLE BLUFF LANE	
				City JACKSONVILLE, FL	Zip Code FL 32259
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: <i>Lisa M Neblett</i>		LISA M NEBLETT		DATE: 04-26-01	
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. ☐		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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHRIS NEBLETT 1800 THE GREENS WAY, #1911 JACKSONVILLE BEACH, FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1180 EAGLE BLUFF LANE JACKSONVILLE, FL 32259		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LISA NEBLETT 1800 THE GREENS WAY, #1911 JACKSONVILLE BEACH, FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1180 EAGLE BLUFF LANE JACKSONVILLE, FL 32259		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <i>Lisa M Neblett</i>		LISA M NEBLETT		04-26-01 904 287 6032	

CR27034 (9/99)