

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90061 002 ***150.00

DOCUMENT # P99000105704

1. Entity Name
GREENWELL PROPERTIES, INC.

Principal Place of Business
~~3735-B SHARES PLACE~~
~~RIVIERA BEACH FL 33404~~

Mailing Address
~~3735-B SHARES PLACE~~
~~RIVIERA BEACH FL 33404~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7369 WESTPORT PLACE
WEST PALM BEACH, FL 33413

3. Mailing Address
7369 WESTPORT PLACE
WEST PALM BEACH, FL 33413

City & State

City & State

4. FEI Number **65-0967843**

Applied For
 Not Applicable

Zip Country

Zip Country

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

CORNWELL, CHARLES C
~~3735-B SHARES PLACE~~
~~RIVIERA BEACH FL 33404~~

Name
 Street Address (P.O. Box Number is Not Acceptable)

7369 WESTPORT PLACE
WEST PALM BEACH, FL 33413

City **FL** Zip Code

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3.11.02**

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, 2002 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 ☐ Delete
 NAME **CORNWELL, CHARLES C**
 STREET ADDRESS ~~3735-B SHARES PLACE~~
 CITY-ST-ZIP ~~RIVIERA BEACH FL 33404~~

TITLE ☐ Change ☐ Addition
 NAME **7369 WESTPORT PLACE**
 STREET ADDRESS **WEST PALM BEACH, FL 33413**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D GREEN, ERIC E**
 STREET ADDRESS **15189 SCOTT PLACE**
 CITY-ST-ZIP **LOXAHATCHEE FL 33407**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D BECKMON, JAMES E**
 STREET ADDRESS **5835 DRYDEN PLACE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D ANDERSON, KENNETH C**
 STREET ADDRESS **16887 W. DERBY DRIVE**
 CITY-ST-ZIP **LOXAHATCHEE FL 33407**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 prepare 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 or without like empowered.

SIGNATURE:

C. Cornwell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director **3/11/02** **561 845-0123**
 Date Daytime Phone #

CR2E034 (9/01)