

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90017 006 ***150.00

DOCUMENT # S03477

1. Entity Name
GREENLEAF FOLIAGE, INC.

Principal Place of Business
2292 GREENLEAF RD
ZOLFO SPRINGS FL 33890
US

Mailing Address
2292 GREENLEAF RD
ZOLFO SPRINGS FL 33890
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0238149**

Applied For
 Not Applicable

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

RIVERS, DELENA
2292 GREENLEAF RD
MOORE ROAD
ZOLFO SPRINGS FL 33890

Name

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

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

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 **DP** ☐ Delete
 NAME **RIVERS, DELENA**
 STREET ADDRESS **2292 GREENLEAF RD**
 CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

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

TITLE **DP** ☐ Delete
 NAME **RIVERS, ARNOLD**
 STREET ADDRESS **2292 GREENLEAF RD**
 CITY-ST-ZIP **ZOLFO SPRINGS FL**

TITLE ☐ Change ☐ Addition
 NAME **Vice President, Director**
 STREET ADDRESS **Clem L Yawn**
 CITY-ST-ZIP **2292 Greenleaf Rd**
Zolfo Springs, FL 33890

TITLE **VP** ☐ Delete
 NAME **RASMUSSEN, SONYA**
 STREET ADDRESS **797 N ED WELLS ROAD**
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☐ Change ☐ Addition
 NAME **Secretary - Director**
 STREET ADDRESS **Cale Rasmussen**
 CITY-ST-ZIP **797 N. Ed Wells Rd**
Wauchula, FL 33873

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Delete
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 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 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: **Deleena Rivers, President**
Deleena Rivers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 **863 735 0766**
 Date Daytime Phone #

CR2E034 (9/01)