

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91149 046 ***150.00

0510186 AV

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

2292 Greenleaf Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wauchula, FL

4. FEI Number

65-0238149

Applied For

Not Applicable

Zip

Country

Zip

Country

33873

Hardee

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 Wauchula, FL 33873

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 **VPD** ☐ Delete
NAME **YAWN, CLEM L**
STREET ADDRESS **2292 GREENLEAF RD**
CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

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

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

TITLE ☐ Change ☒ Addition
NAME **SD**
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deleena Rivers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 8637350766
Date Daytime Phone #

CR2E034 (10/02)