

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S42144**

1. Entity Name

**SQUARE ONE INDUSTRIES, INC.**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90030 001 \*\*\*158.75

Principal Place of Business  
**5686 YOUNGQUIST RD. MS. #19**  
**FORT MYERS FL 33912**

Mailing Address  
**18340 CUTLASS DR**  
**FT MYERS BEACH FL 33931-2307**  
**US**

2. Principal Place of Business  
**5686 YOUNGQUIST MS #213**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0253960**  
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

**GREEN, FAWN A.**  
**5686 YOUNGQUIST RD. MS. #19**  
**FORT MYERS FL 33912**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5686 YOUNGQUIST RD MS #213**  
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 \_\_\_\_\_ (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, 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	<b>DPS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, FAWN A.</b>		NAME		
STREET ADDRESS	<b>18340 CUTLASS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS BCH. FL</b>		CITY-ST-ZIP		
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, DAVID L.</b>		NAME		
STREET ADDRESS	<b>18340 CUTLASS DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT MYERS BCH FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: David Green **DAVID L. GREEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2000  
Date Daytime Phone #

CR2E034 (9/99)