

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90022 018 ***158.75

DOCUMENT # S42144

1. Entity Name

SQUARE ONE INDUSTRIES, INC.

Principal Place of Business

5686 YOUNGQUIST RD.
 MS #213
 FORT MYERS FL 33912

Mailing Address

18340 CUTLASS DR
 FT MYERS BEACH FL 33931
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11595 Kelly Road
 Suite, Apt. #, etc.

3. Mailing Address

11595 Kelly Road
 Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

FT. Myers, FL

4. FEI Number

65-0253960

Applied For

Not Applicable

Zip

33908

Country

U.S.A.

Zip

33908

Country

U.S.A.

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GREEN, FAWN A.
 18340 CUTLASS DRIVE
 FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name: GREEN, FAWN A.
 Street Address (P.O. Box Number is Not Acceptable): 15560 SONOMA DRIVE, Apt. 101
 City: FORT MYERS, FL Zip Code: 33908

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

Fawn A. Green

FAWN A. GREEN (PRESIDENT)

1/11/2002

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

TITLE: ☐ Delete
 NAME: DPS
 STREET ADDRESS: GREEN, FAWN A.
 CITY-ST-ZIP: 18340 CUTLASS DRIVE
 FORT MYERS BCH. FL

TITLE: ☐ Delete
 NAME: DVT
 STREET ADDRESS: GREEN, DAVID L.
 CITY-ST-ZIP: 18340 CUTLASS DR.
 FT MYERS BCH FL

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
 NAME: D P S
 STREET ADDRESS: GREEN, FAWN A.
 CITY-ST-ZIP: 15560 SONOMA DRIVE, Apt. 101
 FORT MYERS, FL 33908

TITLE: ☒ Change ☐ Addition
 NAME: DVT
 STREET ADDRESS: GREEN, DAVID L.
 CITY-ST-ZIP: 15560 SONOMA DRIVE, Apt. 101
 FORT MYERS, FL 33908

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

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☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 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:

Fawn A. Green
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)