

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90267 005 \*\*\*150.00

**DOCUMENT # S82465**

1. Entity Name

**GREEN ELECTRICAL CONTRACTING, INC.**

Principal Place of Business

Mailing Address

4980 SW 52 ST STE 114  
 DAVIE FL 33314  
 US

4980 SW 52 ST STE 114  
 DAVIE FL 33314  
 US

2. Principal Place of Business

3. Mailing Address

5000 SW 52ND STREET

5000 SW 52ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 513

SUITE 513

City & State

City & State

DAVIE FL

DAVIE FL

Zip

Country

Zip

Country

33314

US

33314

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, NEIL ABRAHAM  
 4980 SW 52 ST STE 114  
 DAVIE FL 33314

Name

NEIL GREEN

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

5000 SW 52ND STREET

SUITE 513

City

DAVIE

FL

Zip Code

33314

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

4/30/01

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, 2001 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	PDS	<input type="checkbox"/> Delete
NAME	GREEN, NEIL ABRAHAM	
STREET ADDRESS	4980 SW 52ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, NEIL ABRAHAM	
STREET ADDRESS	5000 SW 52ND STREET # 513	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 9547511739

CR2E034 (10/00)