

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90117 048 ***150.00

DOCUMENT # V66933

1. Entity Name
GREENWALL CONSTRUCTION SERVICE, INC.



Principal Place of Business
**5743 PEACHTREE RD
MYRTLE BEACH SC 29579-9328
US**

Mailing Address
**P.O. BOX 30490
MYRTLE BEACH SC 29588-0490
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 **65-0361485**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SIMON, ERIC A.
1500 N.W. 49TH STREET
SUITE 401
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **W. Bruce DelValle**
Street Address (P.O. Box Number is Not Acceptable) **1101 North Main Street, Suite A**
City **Kissimmee** **FL** Zip Code **34744**

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 *W. Bruce DelValle*
Signature, typed or printed name of registered agent and title if applicable.

W. Bruce DelValle - Esquire

(NOTE: Registered Agent signature required when reinstating)

DATE

March 26, 2003

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, JR. A 4608 CARRIAGE RUN CIRCLE MURRELLS INLET SC	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, MARSHALL M. 1690 PARK ORANGE CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, YVETTE W. 4608 CARRIAGE RUN CIRCLE MURRELLS INLET SC	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-2003 (843) 236-7800

Date

Daytime Phone #

CR2E034 (10/02)