

020126-TC

ORIGINAL

PK 517990180

1. Name of company or name of individual (not fictitious name or d/b/a):

\$100.00

Gilbert Green

2. Name under which applicant will do business (fictitious name, etc.):

MC

Gilbert Green

CK written by
Gilbert Green

3. Official mailing address:

Street: 5069 SOUTER DR

~~P.O. Box:~~ Matties Seabod

City: JACKSONVILLE FLA

State: FLA Zip: 32208

4. Florida address:

Street: SAME AS ABOVE

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

DEPOSIT

DATE

D178

FEB 19 2002

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: N/A

AUS
CAF
CMP
COM
CTR
ECR
GCL
OPC
MMS
SEC
OTH

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

DOCUMENT NUMBER-DATE

01905 FEB 19 02

FPSC-COMMISSION CLERK