FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State
09-10-2002 90229 020 ***150.00

DOCUMENT # P01000023999

1. Entity Name

TREETOP FARM CORP.

DO NOT WRITE IN THIS SPACE

V19030

2. Principal Place of Business	3. Mailing Address
247 CANAL BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONTE VEDRA BEACH	City & State
Zip: FL 32082	Zip / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3741476 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: PATRICIA A. BROECKEMA

Street Address (P.O. Box Number is Not Acceptable): 247 CANAL BLVD.

City: PONTE VEDRA BEACH, FL Zip Code: 32082

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when name/address)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	PATRICIA BROECKEMA
STREET ADDRESS	247 CANAL BLVD.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

Robert D. Broeckema 9-6-02 904 285 9623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 979030

#P01000031999

TREETOP FARM CORP.

247 Canal Blvd.
Ponte Vedra Beach, FL 32082

Sept. 6, 2002

Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

Dear Sirs,

This is my first year in business and I have not filed my Uniform Business Report. I did not receive a form from you, and when I found out that I should have filed earlier this year I called your office and was told to what to do.

I apologize for not getting this to you sooner. I will not make this mistake again.

Sincerely,

Patricia A. Broekema
President/Owner
Treetop Farm Corp.