

**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 # **PD1000031999**

1. Entity Name

TREETOP FARM CORP.

DO NOT WRITE IN THIS SPACE

879030

2. Principal Place of Business

247 CANAL BLVD.

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PONTE VEDRA BEACH

City & State

4. FFI Number

59-3741476

Applied For

Not Applicable

Zip

FL

Country

32082 USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PATRICIA A. BROEKEMA

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

247 CANAL BLVD.

PONTE VEDRA BEACH, FL 32082

City

Zip Code

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 reappointing)

DATE

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
**President
PATRICIA BROEKEMA
247 CANAL BLVD.
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
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STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, or all other like empowered.

Patricia A. Broekema
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-02

DATE

904 285 9623

NUMBER OF PHONES

CR2E034B (12/01)

Attachment

929030

#PS100031999

TREETOP FARM CORP.

247 Canal Blvd.
Ponte Vedra Beach, FL 32082

Sept. 6, 2002

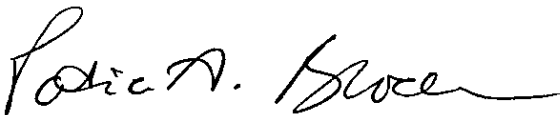
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

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.