

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104384

1. Entity Name
BLACK LAKE TREE FARM, INC.

Principal Place of Business
14621 TIMBER VILLAGE RD
GROVELAND FL 34736

Mailing Address
14621 TIMBER VILLAGE RD
GROVELAND FL 34736

2. Principal Place of Business

1322 Mc Ghee Rd
Suite, Apt. #, etc.

3. Mailing Address

Same as above
Suite, Apt. #, etc.

City & State

Groveland Fla
Zip 34736 Country USA

City & State

Zip Country

4. FEI Number

59-3752612

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGILL, FLORENCE Y
14621 TIMBER VILLAGE RD
GROVELAND FL 34736

7. Name and Address of New Registered Agent

Name

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

City

FL

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 reinstating)

DATE

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MCGILL, FLORENCE Y
PO BOX 308
GROVELAND FL 34736-0308

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
SELLARDS, HELEN M
PO BOX 961
MASCOTTE FL 34753

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. 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

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:

Florence McGill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90013 039 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)