

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90040 017 \*\*\*150.00

**DOCUMENT # P93000040676**  
 1. Entity Name  
**PINE TREE EIGHTY THREE INCORPORATED**

Principal Place of Business <b>923 GUISANDO DE AVILA          TAMPA FL 33613          US</b>	Mailing Address <b>923 GUISANDO DE AVILA          TAMPA FL 33613          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1203 Floresilla de Avila</i>	3. Mailing Address <i>1203 Floresilla de Avila</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tampa FL</i>	City & State <i>Tampa, FL</i>	4. FEI Number <b>59-3186580</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33613</i>	Country <i>Hillsborough</i>	Zip <i>33613</i>	Country <i>Hillsborough</i>

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

6. Name and Address of Current Registered Agent  
**KOUWE, ROBERT P  
 923 GUISANDO DE AVILA  
 TAMPA FL 33613**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*1203 Floresilla de Avila*  
 City *Tampa* **FL** Zip Code *33613*

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 \_\_\_\_\_ (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, 2001 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	DP KOUWE, ROBERT P 923 GUISANDO DE AVILA TAMPA FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ODOM, JOY 13205 DORSET CIR TAMPA FL 33612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1203 Floresilla de Avila Tampa, FL 33613</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert P. Kouwe* **Robert P. Kouwe** Date: *3-14-01* 813 968 4444 Daytime Phone #

CR2E034 (10/00)