

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91328 002 ***550.00

DOCUMENT # *P96000081256*
1. Entity Name
Treeworks, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14700 S.W. 248th ST.
Suite, Apt. #, etc.

3. Mailing Address
14700 S.W. 248th ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Princeton, FL.

City & State
Princeton, FL

4. FEI Number
65-072-1551

Applied For
Not Applicable

Zip
33030

Country
U.S.

Zip
33030

Country
U.S.

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
Michael C. Cafaro, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)
295 N.E. 8th Street

Suite # 2

City
Homestead, FL **FL** Zip Code
33030

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  *Michael C. Cafaro* *4/30/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

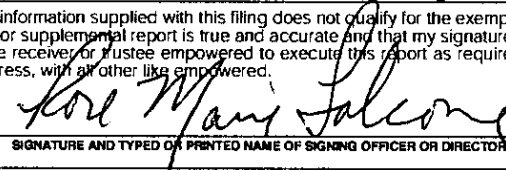
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>D</i> <i>FALCONE, Nicholas</i> <i>14700 S.W. 248th ST</i> <i>Princeton, FL 33030</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P</i> <i>FALCONE, ROSE M</i> <i>14700 S.W. 248th Street</i> <i>Princeton, FL 33030</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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.

SIGNATURE:  *Rose M. Falcone* *4/30/02* *305-257-3296*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)