## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCÜMENT # V60972

1. Entity Name

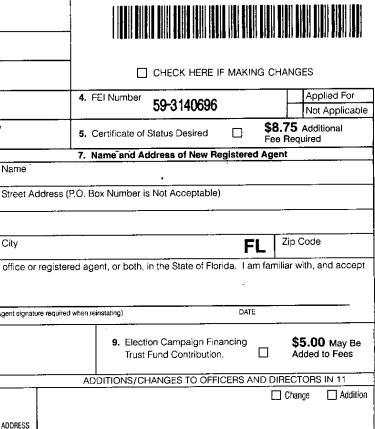
SHADE TREE PROPERTIES, INC.



Principal Place of Business Mailing Address 750 W. LUMSDEN ROAD 750 W. LUMSDEN ROAD BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name CURRY, CLIFTON C., JR. 750 W. LUMSDEN ROAD **BRANDON FL 33511** City

FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90143 017 \*\*\*150.00



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	named entity submits this statement for the purpoons of registered agent.	ose of changing its re	egistered office or register	red agent, or both, in the State of Florida. I	am familiar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and title if appl	icable. (NOTE: F	Registered Agent signature required	J when reinstating) D/	ATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing     Trust Fund Contribution.	9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNCH, JOHN 10236 FISHER AVE TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CURRY, CLIFTON C JR 750 W LUMSDEN RD BRANDON FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete -	NAME STREET ADDRESS CITY-ST-ZIP		_ Change_	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	 
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	

12. 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 ontrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all effect like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/30/03

Daytime Phone #