

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90384 037 ***150.00

DOCUMENT #.684101

1. Entity Name
TREE OF LIFE NURSERY, INC.

Principal Place of Business P.O. BOX 1482 LUTZ FL 33549	Mailing Address P.O. BOX 1482 LUTZ FL 33548-1482
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2. Principal Place of Business TREE OF LIFE NURSERY, INC. Suite, Apt. #, etc. 3905 EAST COUNTY LINE RD City & State LUTZ, FLORIDA Zip 33549 Country HILLSBOROUGH	3. Mailing Address TREE OF LIFE NURSERY, INC. Suite, Apt. #, etc. 3905 EAST COUNTY LINE RD City & State LUTZ, FLORIDA Zip 33549 Country HILLSBOROUGH
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2040234	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BOYER, GREGORY F
2522 LAKE ELLEN LANE
TAMPA FL 33618

7. Name and Address of New Registered Agent
 Name: **KENT, STEVEN A.**
 Street Address (P.O. Box Number is Not Acceptable):
3905 E. COUNTY LINE ROAD
 City: **LUTZ** FL Zip Code: **33549**

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: *Steven A. Kent* DATE: APRIL 26, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KENT, STEVEN A 3805 E. COUNTY LINE ROAD LUTZ FL 33549 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Steven A. Kent* **STEVEN A. KENT** **4-26-00** **813-949-0448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)