

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90036 043 ***150.00

DOCUMENT # F52232

1. Entity Name
THE MONEY TREE OF MELBOURNE, INC.

Principal Place of Business
 2527 S HARBOR CITY BLVD
 2527 S. HARBOR CITY BLVD.
 MELBOURNE FL 32957
 US

Mailing Address
 C/O ROBERT S. PALMER
 2527 S. HARBOR CITY BLVD.
 MELBOURNE FL 32901-7205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc. *Samb*

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2156869**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PALMER, ROBERT S.
2527 S. HARBOR CITY BLVD.
MELBOURNE FL

7. Name and Address of New Registered Agent

Name *Samb*

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 *N/A* DATE *01/03/00*

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, DEBORAH J	
STREET ADDRESS	2527 S HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PALMER, ROBERT S	
STREET ADDRESS	2527 S HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDMONDS, CHARLOTTE J	
STREET ADDRESS	3297 NW 7TH AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDMONDS, EDWIN J	
STREET ADDRESS	3297 NW 7TH AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 PALMER* DATE: *01/03/00* DAYTIME PHONE #: *407/724-1910*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR29034 (9/99)