2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

TREE BEAUTIFICATION, INC.

Principal Place of Business

VERO BEACH FL 32967

7200 45TH ST

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FILED

Sep 17, 2003 8:00 am Secretary of State

09-17-2003 90020 032 ***550.00

H13590 DOCUMENT # 1. Entity Name

Mailing Address

7200 45TH ST VERO BEACH FL 32967

2. Principal Place of Business 375 39 TM C 3. Mailing Address CHECK HERE IF MAKING CHANGES Vero Beach Vero City & State Applied For City & State 4. FEI Number 59-2434681 Not Applicable Zip32968 \$8.75 Additional 32968 Indian Kwer 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANGLEY, PHILIP G. Street Address (P.O. Box Number is Not Acceptable) 7200 45TH ST VERO BEACH FL 32967 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE * FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition LANGLEY, PHILIP G. NAME NAME 7200 45TH ST STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE LANGLEY, PHILIP G NAME NAME STREET ADDRESS 7200 45TH ST STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE . - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME

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 or trustee 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 other like empowered.

STREET ADDRESS

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NAME

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Delete

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SIGNATURE:

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NAME

TITLE

NAME

QUIRED Philip G. Langley

☐ Change

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Addition

■ Addition