

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H53985**

1. Entity Name
D & D TREE FARM & NURSERY, INC.



FILED

03 OCT 17 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

Principal Place of Business
**12165 PAYNE RD.
SEBRING FL 33872**

Mailing Address
**P.O. BOX 22172
LAKE BUENA VISTA FL 32830-2172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2524053**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, JOANNAH
12165 PAYNE RD.
SEBRING FL 33872-9576**

Name **Darand Williams**
Street Address (P.O. Box Number is Not Acceptable) **5701 West Lake Butler Road**
City **Windermere** FL Zip Code **32786**

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 *X*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/8/03

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **WILLIAMS, DARYL**
STREET ADDRESS **12165 PAYNE RD.**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition
NAME **000023521770**
STREET ADDRESS **10/17/03--01002--002**
CITY-ST-ZIP ****200.00**

TITLE **STD** ☐ Delete
NAME **WILLIAMS, JOANNAH C**
STREET ADDRESS **12165 PAYNE RD.**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **WILLIAMS, DARAND**
STREET ADDRESS **12165 PAYNE RD.**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition
NAME **000023521770**
STREET ADDRESS **10/02/03--01077--026**
CITY-ST-ZIP ****550.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *X*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/03

Date

Daytime Phone #

CR2E034 (4/03)

0127904 AT