

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90123 011 \*\*\*550.00

**DOCUMENT # J24673**

1. Entity Name  
**3-D TREES, INC.**

Principal Place of Business

**9600 OAK TREE LANE N.W.  
 MOORE HAVEN FL 33471  
 US**

Mailing Address

**9600 OAK TREE LANE N.W.  
 MOORE HAVEN FL 33471  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2260 Old Lake Port Rd.  
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 358  
 Suite, Apt. #, etc.**

City & State

**Moore Haven, Fla  
 Zip 33471 Country Flades**

City & State

**Okeechobee, Fla  
 Zip 34973 Country Okee**

4. FEI Number

**59-2700077**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**STRENTH, IDA  
 9600 OAK TREE LANE N.W.  
 MOORE HAVEN FL 33471**

7. Name and Address of New Registered Agent

Name **Donald E. Strenth**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2260 Old Lake Port Rd.**  
 City **Moore Haven** FL **33471**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/9/02**

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **PSD** ☒ Delete  
 NAME **STRENTH, IDA**  
 STREET ADDRESS **9600 OAK TREE LANE N.W.**  
 CITY-ST-ZIP **MOORE HAVEN FL**

TITLE **V** ☐ Delete  
 NAME **STRENTH, DONALD**  
 STREET ADDRESS **9600 OAK TREE LANE N.W.**  
 CITY-ST-ZIP **MOORE HAVEN FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition  
 NAME **Donald E. Strenth**  
 STREET ADDRESS **2260 Old Lake Port Rd.**  
 CITY-ST-ZIP **Moore Haven Fla 33471**

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

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

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

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

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

CR2E034 (4/02)

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 another filer empowered.

SIGNATURE: **Donald E. Strenth** **9/9/02** **863-634-7300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #