

FILED

ATX1

2009 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2009 MAY 22 A 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J59623

1. Entity Name

Future Trees Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10713 Northwest 59th Terrace

Suite, Apt. #, etc.

3. Mailing Address
10713 Northwest 59th Terrace

Suite, Apt. #, etc.

City & State
Gainesville, FloridaCity & State
Gainesville, FloridaZip
32653Country
USAZip
32653Country
USA4. FEI Number
59-2802040Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

800156309008
05/22/09--01009--020 **150.00DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Karen B. Strosnider

Street Address (P.O. Box Number is Not Acceptable)

10713 Northwest 59th Terrace

City
Gainesville

FL

Zip Code
32653

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President / Director
Karen B. Strosnider
10713 Northwest 59th Terrace
Gainesville, Florida 32653TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President / Director
Scott B. Strosnider
10713 Northwest 59th Terrace
Gainesville, Florida 32653TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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CITY-ST-ZIPDO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Karen B. Strosnider

4/29/2009

386-462-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #