

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L07773**

1. Entity Name

**STARKEY ROAD TREE FARM, INC.****FILED****Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90443 037 \*\*\*150.00

Principal Place of Business

**288-Z SMITH SUNDAY ROAD  
DELRAY BEACH FL 33446  
US**

Mailing Address

**288-Z SMITH SUNDAY ROAD  
DELRAY BEACH FL 33446  
US**

2. Principal Place of Business

3. Mailing Address

**14450 Smith Sundry Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Delray Beach, FL**

Zip

Country

Zip

Country

**33446****USA**4. FEI Number **65-0138534**

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

**MOMBACH, GEOFFREY S.  
500 EAST BROWARD BLVD  
STE 1950  
FORT LAUDERDALE FL**

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **WOLF, STEVEN**  
CITY-ST-ZIP **7085 AYRSHIRE LA  
BOCA RATON FL 33496**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **MOMBACH, GEOFFREY**  
CITY-ST-ZIP **500 E. BROWARD BLVD.  
FT. LAUDERDALE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information provided 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven Wolf****04/02/2001**

Date

**561-496-1280**

Daytime Phone #

CR2E034 (10/00)