

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90173 016 ***150.00

DOCUMENT # L44249

1. Entity Name
TREATT USA, INC.



Principal Place of Business
**3100 US HWY 17-92W
HAINES CITY FL 33845
US**

Mailing Address
**P.O. BOX 215
HAINES CITY FL 33845**



2. Principal Place of Business **4900
Lakeland Commerce Parkway**
Suite, Apt. #, etc.

3. Mailing Address **4900
Lakeland Commerce Parkway**
Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number **59-3002533**

Applied For
Not Applicable

Zip
33805

Country
US

Zip
33805

Country
US

5. Certificate of Status Desired ☐ - **\$8.75** Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOVILL, HUGO W. NORTHERN WAY BURY ST SUFFOLK, ENG IP326NL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BOTTJER, MARK NORTHERN WAY BURY ST SUFFOLK, ENG IP326NL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOTTJER, MARK NORTHERN WAY BURY ST SUFFOLK, ENG IP326NL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTON, STEPHEN 3100 HWY 17-92 W HAINES CITY FL 33845	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEGEL, WAYNE A 3100 HWY 17-92 W HAINES CITY FL 33845	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter Thornburn 4900 Lakeland Commerce Parkway Lakeland, FL 33805	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4900 Lakeland Commerce Parkway Lakeland, FL 33805	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4900 Lakeland Commerce Parkway Lakeland, FL 33805	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Wayne A. Kegel **WAYNE A. KEGEL**

3/17/03 (863) 668-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)