

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003872

1. Entity Name

THE NESTING TREE, INC.

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91122 038 ****61.25

Principal Place of Business

3550-A FOREST BRANCH DR.
 PORT ORANGE FL 32119

Mailing Address

PO BOX 265533
~~PORT ORANGE FL 32126~~
 Daytona Bch.

2. Principal Place of Business

3. Mailing Address

PO BOX 265533

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Bch. FL

Zip

Country

32126-5533

Country

4. FEI Number

57-3723762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PERRY, DEBRA J
 3550-A FOREST BRANCH DR.
 PORT ORANGE FL 32119

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE D
 NAME COLEMAN, JERRY T
 STREET ADDRESS 561 PEARL HARBOR
 CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE D
 NAME BECKLEY, JACQUE
 STREET ADDRESS 1014 STONEYBROOK CIR.
 CITY-ST-ZIP PORT ORANGE FL 32127 ☒ Delete

TITLE D
 NAME MEADOWS, JAMES E
 STREET ADDRESS 752 TARRY TOWN TRAIL
 CITY-ST-ZIP PORT ORANGE FL 32127 ☒ Delete

TITLE D
 NAME PERRY, DEBRA J
 STREET ADDRESS 3550-A FOREST BRANCH DR.
 CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/T
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D/V DONALD YOUNG JR.
 NAME 538 BRBOK CIR.
 STREET ADDRESS SO. DAYTONA, FL 32119
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S/O Michelle DUREN
 NAME 2435 YALE RD.
 STREET ADDRESS SO. DAYTONA, FL 32119
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D/P
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 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 617, 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: *Debra J. Perry* Debra J. Perry 4/29/02 386-679-4942
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)