2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003
Secretary of State

DOCUMENT# N01000003872

Entity Name: THE NESTING TREE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 265533
DAYTONA BEACH, FL 321265533

New Mailing Address:

FEI Number: 59-3723762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: COLEMAN, JERRY T
Address: 561 PEARL HARBOR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: DP ( ) Delete
Name: PERRY, DEBRA J
Address: 3550-A FOREST BRANCH DR.
City-St-Zip: PORT ORANGE, FL 32119

Title: DV ( ) Delete
Name: YOUNG, DONALD JR
Address: 538 BROOK CIR
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: SD (X) Delete
Name: DJUREN, MICHELLE
Address: 2435 YALE RD
City-St-Zip: SOUTH DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: COLE, CHARLOTTE
Address: 1014 STONEYBROOK CIRCLE
City-St-Zip: PORT ORANGE, FL 32129

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY T. COLEMAN DT 05/30/2003

Electronic Signature of Signing Officer or Director — Date