9/10/01-90065-004-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48042

1. Entity Name

T.R.E.E.S. OF ST. AUGUSTINE, INC.

FILED
01 OCT -5 AM 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
3824 HICKORY LANE SAINT AUGUSTINE FL 32086 US	3824 HICKORY LANE SAINT AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3116913 ☐ 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
DEPREY, MARILYN MS 3824 HICKORY LANE SAINT AUGUSTINE FL 32086	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEPREY, MARILYN 3824 HICKORY LANE SAINT AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Reynolds, Margaret Kaler 16 Garnett Ave. St. Augustine, FL 32084	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, MILDRED, 243 MARIUS COURT ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Williams, Mildred 243 Marius Court St. Augustine, FL 32086	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, KAREN C 11 CONTERA DR ST. AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D McIntire, Peg 4600 A1A South St. Augustine, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MC INTIRE, PEG 4600 A1A SOUTH ST AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Deprey, Marilyn 3824 Hickory Lane St. Augustine, FL 32086	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Margaret Kaler Reynolds Margaret Kaler Reynolds 8/31/01 904 829 5635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #