

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003261

1. Entity Name

TREES FOR LIFE, INC.

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90018 019 \*\*\*\*70.00

Principal Place of Business

3127 CARMIA DRIVE  
ORLANDO FL 32806

Mailing Address

3127 CARMIA DRIVE  
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3450172

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MESSIER, RICHARD O  
3127 CARMIA DRIVE  
ORLANDO FL 32806

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 PD  
NAME MESSIER, RICHARD O  
STREET ADDRESS 3127 CARMIA DRIVE  
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME GAUTIER, HAGGEO  
STREET ADDRESS 4932 HOLLY BAY WAY  
CITY-ST-ZIP ORLANDO FL 32829 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME CROWDER, DAVID  
STREET ADDRESS 1712 CINNAMON CIRCLE  
CITY-ST-ZIP CASSELBERRY FL 32701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME MESSIER, MATTHEW D  
STREET ADDRESS 773 BROOK FOREST COURT  
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME SWARTWOOD, CONNIE  
STREET ADDRESS 1920 WOODCREST DR. #2  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 JAN 02  
REQUIRE RICHARD O. MESSIER (407) 894-7777

CR2E037 (9/01)