

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90817 040 ***150.00

DOCUMENT # P00000095236

1. Entity Name
THE FAMILY TREE, INC.



Principal Place of Business
**6114 SW 40 CT.
MIRAMAR FL 33023**

Mailing Address
**6114 SW 40 CT.
MIRAMAR FL 33023**

2. Principal Place of Business

3. Mailing Address

17626 94th ST N
Suite, Apt. #, etc.

17626 94th ST N
Suite, Apt. #, etc.

City & State
LOXAHATCHEE, FL

City & State
LOXAHATCHEE, FL

Zip Country
33470 PALM BEACH

Zip Country
33470 PALM BEACH



☒ CHECK HERE IF MAKING CHANGES *address only*

4. FEI Number **65-1051625**

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

~~MORAL, NANCY~~
**6114 SW 40 CT.
MIRAMAR FL 33023**

Name **NANCY MORAL**
Street Address (P.O. Box Number is Not Acceptable)
17626 94th ST N
City **Loxahatchee** **FL** Zip Code **33470**

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 *Nancy Moral* **NANCY MORAL, PRESIDENT** **1/30/03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MORAL, NANCY L**
STREET ADDRESS **6114 SW 40 CT.**
CITY-ST-ZIP **MIRAMAR FL 33023**

☒ Change ☐ Addition
NAME **- 17626 94th ST N**
STREET ADDRESS **Loxahatchee, FL**
CITY-ST-ZIP **33470**

TITLE **VD** ☐ Delete
NAME **MORAL, ROBERT D**
STREET ADDRESS **6114 SW 40 CT.**
CITY-ST-ZIP **MIRAMAR FL 33023**

☒ Change ☐ Addition
NAME **- 17626 94th ST N**
STREET ADDRESS **Loxahatchee, FL**
CITY-ST-ZIP **33470**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ 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 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: *NANCY MORAL* **1/30/03** **561-204-2614**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)