07-23-2003 90055 004 ***150.00
P01000003918

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 16 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
H0195896

DOCUMENT # P01000003918

1. Entity Name
CORAL SPRINGS TREE COMPANY, INC.

Principal Place of Business	Mailing Address
4300 NW 103RD DR. CORAL SPRINGS, FL 33065	4300 NW 103RD DR. CORAL SPRINGS, FL 33065

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6303 Lakeshore Dr.	6303 Lakeshore Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Margate, FL	City & State: Margate, FL
Zip: 33063 Country: Broward	Zip: 33063 Country: Broward

4. FEI Number: 65-1074123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCHESTER, DELANCY J
4300 NW 103RD DR.
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable): 6303 Lakeshore Dr.
City: Margate FL Zip Code: 33063

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 ______________________________
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	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	ROCHESTER, DELANCY J	NAME	
STREET ADDRESS	4300 NW 103RD DR.	STREET ADDRESS	6303 Lakeshore Dr
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	Margate, FL 33063
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: D. J. Rochester 7/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #