

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008749 ✓
 1. Entity Name
All Day Tree stands Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3595 Beechwood Ter
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 61482
 Suite, Apt. #, etc.

City & State
Pinellas Park FL

City & State
St. Petersburg FL

Zip
33781 Country
United States

Zip
33784 Country
United States

4. FEI Number
59-3697090

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
William Williams, CPA

Street Address (P.O. Box Number is Not Acceptable)
6519 Central Avenue

City
St. Petersburg FL Zip Code
33710

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] William Williams 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P. David Morgan</u> <u>3595 Beechwood Ter</u> <u>Pinellas Park FL 33781</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP William R. Beil</u> <u>5600 63rd Way N.</u> <u>St. Petersburg FL 33709</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] William R. Beil 4/29/02 727-544-5677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License No.

CR2E034B (12/01)