

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90074 018 ***150.00

DOCUMENT # P01000017200

1. Entity Name
TREE GROWN IN FLORIDA INC.



Principal Place of Business
**3522 SE HYDE CIRLCE
PORT ST LUCIE FL 34984**

Mailing Address
**3522 SE HYDE CIRLCE
PORT ST LUCIE FL 34984**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

6968 Heritage Dr
Suite, Apt. #, etc.

6968 Heritage Dr
Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

Port St. Lucie, FL

Zip

34952

Country

Zip

34952

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOBIN, EDWARD
3522 SE HYDE CIRLCE
PORT ST LUCIE FL 34984**

7. Name and Address of New Registered Agent

Name

EDWARD HOBIN

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

3450 TWIN LAKES Terr.

#201

City

FT Pierce

FL

Zip Code

34950

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

TITLE **PVT** ☐ Delete
NAME **HOBIN, EDWARD**
STREET ADDRESS **3522 SE HYDE CIRCLE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3450 TWIN LAKES Terr #201**
CITY-ST-ZIP **FT Pierce, FL 34950**

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

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

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TITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)