

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90175 025 ***150.00

DOCUMENT # PD1000089672 ✓
1. Entity Name
THE ONE TREE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1639 Broome Street
Suite, Apt. #, etc.
Fernandina Beach, FL 32034
City & State
Fernandina Beach, FL
Zip 32034 Country U.S.A.

3. Mailing Address
1639 Broome Street
Suite, Apt. #, etc.
Fernandina Beach, FL
City & State
Fernandina Beach, FL
Zip 32034 Country U.S.A.

4. FEI Number
59-3746393
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Olds, Richard E.
Street Address (P.O. Box Number is Not Acceptable)
1639 Broome Street
City Fernandina Beach, FL Zip Code 32034

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.
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
President Richard E. Olds
1639 Broome Street
Fernandina Beach, FL 32034
Vice President Eugene Coleman, Sr.
1006 South 10 Street
Fernandina Beach, FL 32034
Treasurer Aaron Olds, Jr.
P.O. Box 964
Fernandina Beach, FL 32035
Secretary Darlene L. Olds
P.O. Box 16374
Fernandina Beach, FL 32035

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Olds 4-19-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)