## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 28, 2003 8:00 am **Secretary of State** P01000089672 DOCUMENT #

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05-28-2003 90117 009 \*\*\*150.00 1. Entity Name THE ONE TREE, INC. Principal Place of Business Mailing Address 1639 BROOME STREET 1639 BROOME STREET FERNANDINA BEACH FL 32304 FERNANDINA BEACH FL 32304 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3746393 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLDS. RICHARD E Street Address (P.O. Box is Not table) 1639 BROOME STREET FERNANDINA BEACH FL 32304 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD (President) TITLE ☐ Delete TITLE Change OLDS, RICHARD E NAME NAME 1639 BROOME STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IF FERNANDINA BEACH FL 32034 CITY-ST-7IP up (vice, President) TITLE Delete TITLE ☐ Change ☐ Addition NAME COLEMAN, EUGENE JR NAME STREET ADDRESS STREET ADDRESS 1006 SOUTH 10 STREET CITY+ST-ZIF FERNANDINA BEACH FL 32034 CITY-ST-ZIP (Treaspirer) TITLE Delete TITLE Change Addition NAME OLDS, AARON JR NAME STREET ADDRESS STREET ADDRESS P.O. BOX 964 CITY-ST-ZIF CITY-ST-ZIP FERNANDINA BEACH FL 32035 (Secretary) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME OLDS, DARLENE L NAME STREET ADDRESS P.O BOX 16374 STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32035 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 in changed, or on an attachment with an address

SIGNATURE:

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**  AHaehment# CHILIPER

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DOCUMENT #  1. Entity Name					P01000896	72
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2. Principal Pla	ace of Business	3. Mailing Addre	ss			
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPA	CE	
City & State		City & State			4. FEI Number	Applied For
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
					7. Name and Address of Current Registered Ag	
	DO NOT W	IRITE		Name		
	IN THIS SI			Street Address (	P.O. Box Number is Not Acceptable)	
	. IN ITIIO OI	AUL				
				City	FL	Zip Code
	named entity submits this statement to one of registered agent.	or the purpose of chai	nging its registere	id office ar register	ed agent, or both, in the State of Florida. I am famil	liar with, and accept
SIGNATURE _	Signature, typied or printed name of registered agen	t and title flapp scable	(HOTE: Registeren	Agent signature required	sidner reinstating) DATE	
, , , , ,	uary 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department o				9. Election Campaign Financing Trus: Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	-1-Opening Control Light	27 - a47 - 37 27 - 323 - 48	consider exploration and a second contract the ex-		English Art St. Johnson
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12. Thereby 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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Ptymo #