2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000097020

Entity Name: DOUBLE "D" TREES, INC.

Current Principal Place of Business:

28900 S.R. 64 EAST
MYARRA CITY, FL 34251

New Principal Place of Business:

28900 S.R. 64 EAST
MYAKKA CITY, FL 34251

Current Mailing Address:

28900 S.R. 64 EAST
MYARRA CITY, FL 34251

New Mailing Address:

28900 S.R. 64 EAST
MYAKKA CITY, FL 34251

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLVER, DAVID
28900 S.R. 64 EAST
MYARRA CITY, FL 34251

Name and Address of New Registered Agent:

OLVER, DAVID
28900 S.R. 64 EAST
MYAKKA CITY, FL 34251

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: 05/01/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GROSSE, DOUG
Address: 28900 S.R. 64 EAST
City-St-Zip: MYARRA CITY, FL 34251

Title: D ( ) Delete
Name: OLVER, DAVE
Address: 28900 S.R. 64 EAST
City-St-Zip: MYARRA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GROSSE, DOUG
Address: 28900 S.R. 64 EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: D (X) Change ( ) Addition
Name: OLVER, DAVE
Address: 28900 S.R. 64 EAST
City-St-Zip: MYAKKA CITY, FL 34251

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE OLVER D 05/01/2002
Electronic Signature of Signing Officer or Director — Date