

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104384

1. Entity Name
BLACK LAKE TREE FARM, INC.



FILED

03 JUN 10 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7322 MC GILL RD
GROVELAND FL 34736

Mailing Address
14621 TIMBER VILLAGE RD
GROVELAND FL 34736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3752612

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCGILL, FLORENCE Y
14621 TIMBER VILLAGE RD
GROVELAND FL 34736

7. Name and Address of New Registered Agent

Name

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

City

FL

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
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MCGILL, FLORENCE Y
PO BOX 308
GROVELAND FL 34736-0308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
SELLARDS, HELEN M
PO BOX 961
MASCOTTE FL 34753 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800020940868
06/17/03--01090--025 **150.00 ☐ Change ☐ Addition

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 603, 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:

Helen M Sellards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03 (10/02)

0598171 AV

attachment

#P01000104384



Assured Accounting Concepts, Inc.

240 Mohawk Road
Clermont, Florida 34711
352-394-4048
Fax 352-394-3272

119 W. Lemon Street
Lady Lake, Florida 32159
352-753-1337
Fax 352-753-9336

June 5, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Black Lake Tree Farm, Inc.
59-3752612

Dear Sir or Madam:

Enclosed please find the 2003 Uniform Business Report for the above referenced taxpayer. Also enclosed please find check #1147 in the amount of \$150.00. The primary shareholder, Ms. McGill, has been very ill and hospitalized most of this year. Therefore, she has been unable to handle the paperwork for the corporation. The secondary shareholder, Ms. Sellards, was unaware that the Uniform Business Report had not been filed.

We are respectfully requesting that the penalties be waived this time, as it would create a financial hardship for this business. Please consider this one-time request. Thank you for your consideration in this matter.

Very truly yours,

Peggy L. Abraham

PLA/mm
Encs.