

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

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90115 047 ***150.00

DOCUMENT # *P02000007235*

1. Entity Name

Flatwood Tree Farm Inc.



DO NOT WRITE IN THIS SPACE

90135154

2. Principal Place of Business

125 RJ Keen Rd

3. Mailing Address

125 RJ Keen Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Wales, Florida

City & State

Lake Wales, Florida

4. FEI Number

65-1155475

Applied For

Not Applicable

Zip

33898-2742

Country

Polk

Zip

33898-2742

Country

Polk

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jason Keen

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

125 RJ Keen Rd.

City

Lake Wales

FL

Zip Code

33898-2742

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *President - D*
NAME *Jason Keen*
STREET ADDRESS *125 RJ Keen Rd*
CITY-ST-ZIP *Lake Wales, Florida 33898-2742*

TITLE *Vice President*
NAME *Stephanie Keen*
STREET ADDRESS *125 RJ Keen Rd.*
CITY-ST-ZIP *Lake Wales, Florida 33898-2742*

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IN THIS SPACE**

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 on an attachment with an address, with all other duly empowered.

SIGNATURE:

Jason Keen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/03

Date

(863) 696-3526

Daytime Phone #

CR2E034B (12/02)