2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2003 8:00 am
Secretary of State
06-03-2003 90037 013 ***150.00

DOCUMENT # P02000087334

1. Entity Name
MR. GOODTREE OF FLORIDA INC.

55047418

[redacted]

Principal Place of Business	Mailing Address
PO BOX 12801 GAINESVILLE, FL 32604	PO BOX 12801 GAINESVILLE, FL 32604

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PO Box 12801	PO Box 12801
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE, FL	City & State: GAINESVILLE, FL
Zip: 32604 Country: ALACHUA	Zip: 32604 Country: ALACHUA

4. FEI Number: 74-3058217 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURGESS, CHARLES F 2222 NW 8TH AVE GAINESVILLE, FL 32603	Name: CHARLES F. BURGESS Street Address (P.O. Box Number Is Not Acceptable): 2222 NW 8TH AVE. City: GAINESVILLE FL Zip Code: 32603

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: CHARLES F. BURGESS 5-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY (OWNER) CHARLES F. BURGESS 2222 NW 8 AVE GAINESVILLE, FL 32603	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	I AM THE ONLY EMPLOYEE OF THE COMPANY and	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	the complete owner of all property + equip. + INVENTORY	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES F. BURGESS 6-09-03 352-373-6078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

6/3/2003-90037-013-$150.00-$150.00

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MR. GOODTREE OF FLORIDA INC.

5504 7418

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☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PO Box 12801	PO Box 12801
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Gainesville FL	City & State: Gainesville FL
Zip: 32604 Country: Alachua	Zip: 32604 Country: Alachua

4. FEI Number: 74-3058217 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURGESS, CHARLES F
2222 NW 8TH AVE
GIANESVILLE, FL 32603

7. Name and Address of New Registered Agent

Name: Charles F. Burgess
Street Address (P.O. Box Number Is Not Acceptable): 2222 NW 8? Ave
City: Gainesville FL Zip Code: 32603

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. CHARLES F. BURGESS

SIGNATURE [signature] 5-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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SIGNATURE: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #