

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.

Principal Place of Business
PO BOX 12801
GAINESVILLE, FL 32604

Mailing Address
PO BOX 12801
GAINESVILLE, FL 32604

35047418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

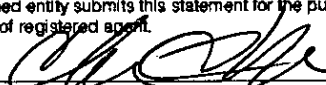
2222 NW 8TH AVE.

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 date if applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$850.00
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) ☐ Delete
CHARLES F. BURGESS
2222 NW 8 AVE
GAINESVILLE, FL 32603

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
I AM THE ONLY employee ☐ Delete
OF THE COMPANY and

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
the complete owner ☐ Delete
of all property & equip.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
+ INVENTORY ☐ Delete

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

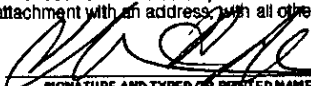
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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 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

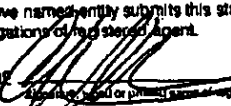
Daytime Phone #

CR2E034 (10/02)

Attachment #

2003 FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P02000087334					
1. Entity Name MR. GOODTREE OF FLORIDA INC.					
Principal Place of Business PO BOX 12801 GAINESVILLE, FL 32604			Mailing Address PO BOX 12801 GAINESVILLE, FL 32604		
2. Principal Place of Business PO Box 12801 Suite, Apt. #, etc.			3. Mailing Address PO Box 12801 Suite, Apt. #, etc.		
City & State Gainesville FL		City & State Gainesville FL		4. FEI Number 74-3058217	
Zip 32604	Country Alachua	Zip 32604	Country Alachua	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 GAINESVILLE, 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 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. CHARLES F. BURGESS SIGNATURE  DATE 5-29-03 (NOTE: Registered Agent's signature required when resigning.)					
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

55047418

☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)