

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P92000008331**

1. Entity Name
BIRCH PROPERTIES, INC.



FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90170 021 ***550.00

0504938- AV

Principal Place of Business
**222 BIRCH LANE
LAKELAND FL 33803**

Mailing Address
**222 BIRCH LANE
LAKELAND FL 33803**

90142330



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3152315**

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

**GUESS, J. FRED SR.
222 BIRCH LANE
LAKELAND FL 33813**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GUESS, J F SR	222 BIRCH LANE	LAKELAND FL 33803	<input type="checkbox"/>
D	GUESS, J F JR	222 BIRCH LANE	LAKELAND FL 33803	<input type="checkbox"/>
D	GUESS, VALDA L	222 BIRCH LANE	LAKELAND FL 33803	<input type="checkbox"/>
D	GUESS, GRACE A	222 BIRCH LANE	LAKELAND FL	<input type="checkbox"/>
D	GUESS, SYLVIA M	222 BIRCH LANE	LAKELAND FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/03
Date

Daytime Phone #

CR2E034 (10/02)