

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
 03-22-2001 90074 018 ***150.00

DOCUMENT # 201. COR PROFIT A/R P92000012301

1. Entity Name

OUTA MA TREE FLOREST, INC.

Principal Place of Business

Mailing Address

8555 W. HILLSBOROUGH AVE
 TAMPA, FLORIDA 33615

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

59 316 9896

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME: PRESIDENT
 MARION C. ADWELL
 STREET ADDRESS: 8332 ARCHWOOD CIRCLE
 CITY-ST-ZIP: TAMPA, FL. 33615

TITLE ☐ Delete

NAME: V. PRESIDENT
 DON W. ADWELL
 STREET ADDRESS: 16521 CAYMAN DRIVE
 CITY-ST-ZIP: TAMPA, FLORIDA 33624

TITLE ☐ Delete

NAME: V. PRESIDENT
 MARK A. ADWELL
 STREET ADDRESS: 4984 SHETLAND AVE
 CITY-ST-ZIP: TAMPA, FL. 33615

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Don W. Adwell DON W. ADWELL V. PRESIDENT 3/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)