## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # P93000011119 Mar 03, 2000 8:00 am 1. Entity Name Secretary of State TREE FACTORY LANDSCAPING, INC. 03-03-2000 90203 034 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 22778 853 ELLER DR. FT. LAUDERDALE FL 33316 FT LAUDERDALE FL 33335-2778 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0383464 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, WILLIAM H. J Street Address (P.O. Box Number is Not Acceptable) 1021 SE 8TH ST FT LAUDERDALE FL 33316 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change ☐ Addition TITLE TITLE ☐ Delete BROWN, WILLIAM H JR. NAME NAME STREET ADDRESS 1021 SE 8TH ST STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change X Delete TITLE T.D. BROWN, WILLIAM H SR NAME NAME Brown, William H., Sr. 1519 S.E. 13TH ST. STREET ADDRESS STREET ADDRESS 165 N. W. 98th Terr. CITY-ST-ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP Plantation, FL. 33324 ☐ Change ☐ Addition TITLE ☐ Delete BROWN, ANNA-LENA SKYT NAME 1021 SE 8TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL 33316 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TIT! E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP

3. 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:

SIGNAPHE AND THE PORT PRINTED NAME OF FORM POFFICE BODY PRECION A

Feb 25, 2000

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