2001 UNIFORM BUSINESS REPORT (UIR)

DOCUMENT # P93000011119

DOCUMENT # P93000011119 1. Entity Name TREE FACTORY LANDSCAPING, INC.					Apr 07, 2001 8:00 am Secretary of State 04-07-2001 90022 041 ***150.00		
Principal Plac	e of Business	Mailing Address		سرار	A		
853 ELLER DR. FT. LAUDERDALE FL 33316		P O BOX 22778 FT LAUDERDALE FL 33335-2778 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
·· City & State		City & State		4,	FEI Number 65-0383464 Applied For Not Applicable	-	
Zip	Country	Zip	Country	5.	Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current F	legistered Agent	None	7. 1	Name and Address of New Registered Agent	7	
102	WN, WILLIAM H. J I SE 8TH ST AUDERDALE FL 33316	Name Street Address		ess (P.O. E	P.O. Box Number is Not Acceptable)		
			City		FL Zip Code	1	
SIGNATURE Signature, typed or printed name of registered agent. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		r the purpose of changing its registered office or registered to the interval of the interval		quired when re			
11.	OFFICERS AND D		12.		DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, WILLIAM H JR. 1021 SE 8TH ST FT. LAUDERDALE FL 33316	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, WILLIAM H SR 165 N.W. 98 TERR PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ŽIP	SD BROWN, ANNA-LENA SKYT 1021 SE 8TH ST FT LAUDERDALE FL 33316	☐ 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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	1	

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS