

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91156 008 ***150.00

DOCUMENT # P93000029726

1. Entity Name

GOLDEN TREE, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
5100 N 9th Avenue

Suite, Apt. #, etc.
203 Northampton Cir

City & State
Pensacola FL

City & State
 Ft. Walton Beach FL

4. FEI Number
59-3179470

Applied For
Not Applicable

Zip
32504 Country
Escambia

Zip
32547 Country
Okaloosa

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name Sharon A. Murphy

Street Address (P.O. Box Number is Not Acceptable)

203 Northampton Circle

City Ft. Walton Beach FL Zip Code 32547

**DO NOT WRITE
IN THIS SPACE**

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 Sharon A. Murphy Sharon A. Murphy April 30, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>Perry R. Murphy</u>	<u>203 Northampton Cir</u>	<u> Ft. Walton Beach FL 32547</u>				
	<u>Sharon A. Murphy</u>	<u>203 Northampton Cir</u>	<u> Ft. Walton Beach FL 32547</u>				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE Sharon A. Murphy Sharon A. Murphy 4/30/03 850 862-3509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)