

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90930 009 ***150.00

DOCUMENT # *P93000036654*
1. Entity Name *TREE CITY LANDSCAPING, INC.*
Rt. 1 Box 12
Deen Road
Bunnell, Fl. 32110 US

Principal Place of Business _____ **Mailing Address** _____

C0058533

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business _____ **3. Mailing Address** _____

Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

City & State _____ City & State _____

4. FEI Number *593182875* **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

Edward E. Schatz, Sr.
28 Avalon Dr.
Palm Coast, Fl. 32137

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 *President* **Delete**
NAME *EDWARD E. Schatz, Sr.*
STREET ADDRESS *28 Avalon Dr.*
CITY-ST-ZIP *Palm Coast, Fl. 32137*

Change **Addition**
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE *VICE-PRESIDENT* **Delete**
NAME *Dorothy Dale Schatz*
STREET ADDRESS *28 Avalon Dr.*
CITY-ST-ZIP *Palm Coast, Fl. 32137*

Change **Addition**
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ **Delete**
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change **Addition**
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ **Delete**
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change **Addition**
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ **Delete**
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change **Addition**
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ **Delete**
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change **Addition**
TITLE _____
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: *Dorothy Dale Schatz* *Dorothy Dale Schatz* *4/23/01* *904-445-0252*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Usps Daytime Phone #

CR2E034 (11/00)