


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90729 017 \*\*\*150.00

<b>DOCUMENT # P93000036656</b>			
1. Entity Name <b>TREE CITY, INC.</b>			
Principal Place of Business 1004 DEEN RD BUNNELL, FL 32110 US		Mailing Address RT 1 BOX 12 DEEN ROAD BUNNELL, FL 32110 US	
2. Principal Place of Business		3. Mailing Address <i>1004 Deen Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Bunnell, FL</i>	
Zip	Country	Zip <i>32110</i>	Country <i>US</i>
4. FEI Number <b>59-3182875</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SCHATZ, EDWARD E S 28 AVALON DR PALM COAST, FL 32137</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code <b>FL</b>	
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		DATE	
<i>Dorothy D. Schatz</i>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<p><b>2003 FILING FEE \$100.00</b>  <b>2003 FILING FEE \$100.00</b>  <b>2003 FILING FEE \$100.00</b>  <b>2003 FILING FEE \$100.00</b>  <b>2003 FILING FEE \$100.00</b></p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P SCHATZ, EDWARD E S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHATZ, EDWARD E S	NAME	
STREET ADDRESS	28 AVALON DR	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL	CITY-ST-ZIP	
TITLE	VP SCHATZ, DOROTHY D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHATZ, DOROTHY D	NAME	
STREET ADDRESS	28 AVALON DR	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Dorothy D. Schatz</i>		Date: <i>4/30/03</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>386-437-0637</i>	

CR2E034 (10/02)