

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

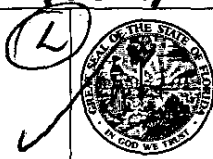
**FILED**  
**Jul 15, 2003 8:00 am**  
**Secretary of State**

07-15-2003 90021 008 \*\*\*150.00

0098304 AV

**DOCUMENT # P93000067594**

1. Entity Name  
**ORANGE TREE, INC.**



Principal Place of Business  
**10825 GULF BLVD  
TREASURE ISLAND FL 33706**

Mailing Address  
**10825 GULF BLVD  
TREASURE ISLAND FL 33706**



2. Principal Place of Business

3. Mailing Address

**150 153rd AVE #302**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MADEIRA BEACH FL**

City & State

City & State

**MADEIRA BEACH FL**

Zip

Country

Zip

Country

**33708**

**USA**

4. FEI Number **59-3212658**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCK, ESTHERENE  
10825 GULF BLVD  
TREASURE ISLAND FL 33706**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BUCK, ESTHERENE 10825 GULF BLVD TREASURE ISLAND FL 33706</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**CHARLES J. NEAL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(727) 392-5866**

**7/9/03**

Daytime Phone #

CR2E034 (4/03)

Attachment

CHARLES J. NEAL, INC.

ACCOUNTING AND CERTIFIED PROFESSIONAL CONSULTANT

150 153RD AVENUE, SUITE 302 • MADEIRA BEACH, FL 33708 • (727) 392-5866 • FAX (727) 392-7525

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P93000007594

7/9/03

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT  
P.O. BOX 1500

TALLAHASSEE FL 32302-1500

DEAR SIRS:

THE CORPORATION ORANGE TREE INC. DID NOT  
RECEIVE A 2003 UNIFORM BUSINESS REPORT.  
THE ENCLOSED FORM IS THE SECOND REQUEST.  
THE FIRST REQUEST WAS NOT RECEIVED. PLEASE  
CHANGE THE MAILING ADDRESS TO THE INDICATED  
ONE ON THE FORM. I AM ENCLOSED A CHECK  
FOR \$50.00

Thank you

Charles J Neal