

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90200 003 ***150.00

DOCUMENT # P94000012181

1. Entity Name
TREE HOUSE PROPERTIES, INC.

Principal Place of Business Mailing Address
~~4224 ORTEGA FOREST DR~~ P.O. BOX 1450
~~JACKSONVILLE FL 32210~~ ORANGE PARK FL 32067
~~US~~ US

637999



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2221 SEGOVIA AVENUE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-3224093** Applied For
JACKSONVILLE Florida 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
~~MUZAUARIETA, AURELIO A~~ ~~4224 ORTEGA FOREST DR~~ ~~JACKSONVILLE FL 32210~~
 Name **SAME NAME**
 Street Address (P.O. Box Number is Not Acceptable) **2221 SEGOVIA AVENUE**
 City **JACKSONVILLE** FL Zip Code **32217**

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 DATE **3/23/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	DP MUZAUARIETA, AURELIO A 4224 ORTEGA FOREST DR JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Same 2221 SEGOVIA AVENUE JACKSONVILLE, Florida 32217 <input checked="" 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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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: DATE **3/23/01** (904) 631-2669
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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CR2E034 (10/00)