

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034581

1. Entity Name
TREESMITH, INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90022 028 ***150.00

Principal Place of Business

41020 CLAY GULLY RD
MYAKKA CITY FL 34250
US

Mailing Address

41020 CLAY GULLY RD
MYAKKA CITY FL 34250
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0499713

Applied For
Not Applicable

Zip
34251

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

SMITH, WILLIAM J
41020 CLAY GULLY RD
MYAKKA CITY FL 34251

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 P ☐ Delete
NAME SMITH, WILLIAM J
STREET ADDRESS 41020 CLAY GULLY RD
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE ☐ Change ☒ Addition
NAME 2ND V.P. MICHAEL D. SMITH
STREET ADDRESS 3940 EAST AVE S.
CITY-ST-ZIP GAKESOTA, FL. 34231

TITLE S ☐ Delete
NAME SMITH, JUDITH L
STREET ADDRESS 41020 CLAY GULLY RD
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Judith L. Smith Judith L. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/01

Daytime Phone #

941-322-0897

CR2E034 (10/00)