2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000061530 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** TREE TOPS TREE FARM, INC. 01-24-2000 90035 014 ***150.00 Principal Place of Business Mailing Address 11720 SHELDON ROAD 11720 SHELDON ROAD TAMPA FL 33626-4317 **TAMPA FL 33626** 3. Mailing Address 2. Principal Place of Business 10720 Montague Street 10720 Montague Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3331851 Not Applicable Tampa, Tampa, Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Hillsboroug 33626 Hillsborouah 33626 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Katherine C. Brown BROWN, KATHERINE C Street Address (P.O. Box Number is Not Acceptable) 11720 SHELDON ROAD 10720 Montague Street **TAMPA FL 33626** Zip Code 33626 Tampa 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. tow Katherine C. Brown FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Addition PD X Change ☐ Delete TITLE TITLE Tom F. Brown BROWN, TOM F NAME NAME STREET ADDRESS STREET ADDRESS 11720 SHELDON ROAD 10720 Montague Street CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33626 TAMPA FL 33626 xt Change Addition ☐ Delete TITLE TITLE BROWN, KATHERINE C NAME NAME Katherine C. Brown STREET ADDRESS STREET ADDRESS 11720 SHELDON ROAD 10720 Montague Street CITY-ST-ZIE CITY-ST-7IP TAMPA FL 33626 Tampa, FL 33626 □ Change Addition TITLE ☐ Delete THE LAUGHRIDGE, ANNA K NAME NAME Anna W. Daty rifte STREET ADDRESS 7801 PINEVIEW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

./14/00

(813) 920-6661

Daytime Phone #

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