

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90057 047 ***150.00

0952752

DOCUMENT # P95000061530

1. Entity Name

TREE TOPS TREE FARM, INC.

Principal Place of Business

**10720 MONTAQUE STREET
TAMPA FL 33626**

Mailing Address

**10720 MONTAQUE STREET
TAMPA FL 33626****700254**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3331851		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**BROWN, KATHERINE C
10720 MONTAQUE ST
TAMPA FL 33626****7. Name and Address of New Registered Agent**

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	PD	TITLE	
NAME	BROWN, TOM F	NAME	
STREET ADDRESS	10720 MONTAQUE ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	BROWN, KATHERINE C	NAME	
STREET ADDRESS	10720 MONTAQUE ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	LAUGHRIDGE, ANNA K	NAME	
STREET ADDRESS	7801 PINEVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

CR2E034 (10/00)