2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P96000025458** 1. Entity Name CALM LAKE TREES, INC. 04-17-2000 90137 022 ***150.00 Principal Place of Business Mailing Address 8620 TARPON SPRINGS ROAD P.O. BOX 727 ODESSA FL 33556-0727 ODESSA FL 33556 3. Mailing Address ASABOVE 2. Principal Place of Business DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0657539 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PREVATT, KAREN J Street Address (P.O. Box Number is Not Acceptable) 201 NO FRANKLIN STREET.STE 2505 TAMPA FL 33602 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Addition TITLE ☐ Delete TITLE ☐ Change MAGHAN, NONA NAME NAME P.O. BOX 727 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE UILE NAME : ADDDESS STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Addition Delete TITLE NAME ····· *FORECE STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

#GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

4/10/00

8/3-920-5576