

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90407 030 ***150.00

0606216 AV

DOCUMENT # P96000059621

1. Entity Name
THE TREE CONNECTION OF OKEECHOBEE, INC.



Principal Place of Business
1264 SW 134TH AVE
OKEECHOBEE FL 34974

Mailing Address
1264 SW 134TH AVE
OKEECHOBEE FL 34974

2. Principal Place of Business

3. Mailing Address

2502 S.E. 9th WBY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Okeechobee, FL

4. FEI Number

65-0688805

Applied For

Not Applicable

Zip

Country

Zip

Country

34974

Okeechobee

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

BOWERS, DARRELL
1264 SW 134TH AVE
OKEECHOBEE FL 34974

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BOWERS, DARRELL
1264 SW 134TH AVE
OKEECHOBEE FL 34974

☐ Delete

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

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12. 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 10 or Block 11 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

Darrell A Bowers

4/14/03 863-467-1409

Date

Daytime Phone #

CR2E034 (10/02)