

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91328 002 ***550.00

DOCUMENT # *P96000081256*

1. Entity Name

Treeworks, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14700 S.W. 248th ST.

Suite, Apt. #, etc.

3. Mailing Address

14700 S.W. 248th ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Princeton, FL.

City & State

Princeton, FL

4. FEI Number

65-072-1551

Applied For

Not Applicable

Zip

33030

Country

U.S.

Zip

33030

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael C. Cafaro, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

285 N.E. 8th Street

Suite # 2

City

Homestead, FL

FL

Zip Code

33030

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable.

Michael C. Cafaro

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*D
FALCONE, Nicholas
14700 S.W. 248th ST
Princeton, FL 33030*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*P
FALCONE, ROSE M
14700 S.W. 248th Street
Princeton, FL 33030*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kore Mary Falcone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

305-257-3296

Daytime Phone #

CR2E034B (12/01)