

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90353 036 ***150.00

DOCUMENT # P96000092707

1. Entity Name
WILLOW TREE CENTER, INC.



Principal Place of Business
1003 WILLOW POND DR.
SAFETY HARBOR FL 34695
US

Mailing Address
1003 WILLOW POND DR.
SAFETY HARBOR FL 34695
US



2. Principal Place of Business
551 BONNIE BLVD
Suite, Apt. #, etc.

3. Mailing Address
551 BONNIE BLVD.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PALM HARBOR, FL.
Zip
34684
Country

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PALM HARBOR, FL.
Zip
34684
Country

4. FEI Number 59-3412120
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZINNER, MARCELLA J
1003 WILLOW POND DR.
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name
ZINNER, MARCELLA J
Street Address (P.O. Box Number is Not Acceptable)
551 BONNIE BLVD.
PALM HARBOR, FL 34684
City
FL Zip Code
34684

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 *Marcella J Zinner* MARCELLA J. ZINNER / 4.10.03
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

TITLE	P	<input type="checkbox"/> Delete
NAME	ZINNER, MARCELLA J	
STREET ADDRESS	1003 WILLOW POND DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZINNER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINNER, MARCELLA J	
STREET ADDRESS	551 BONNIE BLVD	
CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINNER, CHARLES F	
STREET ADDRESS	551 BONNIE BLVD	
CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Marcella J Zinner* / 4.10.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)