

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000007308**1. Entity Name
TREETEC ENVIRONMENTAL CORP.

Principal Place of Business	Mailing Address
45 WHITE COURT	225 FIREND ST
ST.AUGUSTINE FL 32084 US	BOSTON MA 02114 US

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
65-0749718
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UPCHURCH TRACY W
UPCHURCH, BAILEY & UPCHURCH, P.A.
780 NORTH PONCE DE LEON BLVD
ST AUGUSTINE FL 32085

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 _____ **04/21/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	RAMSEY BRUCE C	
STREET ADDRESS	28 GOODHUE ST	
CITY-ST-ZIP	HAMILTON MA 01982	

TITLE	T	<input type="checkbox"/> Delete
NAME	GOODWIN JUDITH E	
STREET ADDRESS	369 SHONE ROAD	
CITY-ST-ZIP	CHATHAM MA 02633	

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOODWIN THOMAS P	
STREET ADDRESS	369 SHOR ROAD	
CITY-ST-ZIP	CHATHAM MA 02633	

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN JUDITH E	
STREET ADDRESS	369 SHORE ROAD	
CITY-ST-ZIP	CHATHAM MA 02633	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN THOMAS P	
STREET ADDRESS	369 SHORE ROAD	
CITY-ST-ZIP	CHATHAM MA 02633	

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		

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: Thomas P. Goodwin

PD

04/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)