

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90044 044 \*\*\*150.00

**DOCUMENT # P97000024301**

1. Entity Name

**TREE HOUSE, INC.**

Principal Place of Business

**2203 US #1  
TITUSVILLE FL 32796**

Mailing Address

**P.O. BOX 462  
SCOTTSMOOR FL 32775  
US**

2. Principal Place of Business

**TREE HOUSE INC 2203 N US #1  
TITUSVILLE FL 32796**

3. Mailing Address

**P.O. BOX 462**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SCOTTSMOOR**

City & State

**SCOTTSMOOR FL**

4. FEI Number

**59-3451151**

Applied For

Not Applicable

Zip

**32775**

Country

**BREVARD**

Zip

**32796**

Country

**BREVARD**

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

**DARST, WILLIAM C. JR.  
2203 NORTH U.S. 1  
TITUSVILLE FL 32796**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. 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, 2002 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>FRENCH, DIANA L.</b>	
STREET ADDRESS	<b>2203 N. US #1</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32796</b>	
TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>DARST, WILLIAM C. JR.</b>	
STREET ADDRESS	<b>2203 N. US #1</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32796</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:** William C. Darst Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-02  
Date

321-269-3288  
Daytime Phone #

CR2E034 (9/01)