## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000103134

1. Entity Name

## TREEHOUSE ENTERPRISES INC.

Principal Place of Business 422 MAGNOLIA AVENUE #6 PANAMA CITY FL 32401 Mailing Address

422 MAGNOLIA AVENUE #6 PANAMA CITY FL 32401-3148

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2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE		
				4. FEI Number 59-3485140 Applied For Not Applicable		
Zip ——	Country	Zip .	Country	5. Certificate of Status Desired  \$8.75 Additional Fee Required		
	6. Name and Address of Curre	ent Registered Agent	<del> </del>	7. Name and Address of New Registered Agent		
			Name			
REL	BELZ, MARTHA G			Street Address (P.O. Box Number is Not Acceptable)		
	01 STEEPLECHASE DRIVE		Street Address (P.O. Box Number is Not Acceptable)			
	IAMA CITY FL 32404					
			City	Zip Code		
			City	FL   Zip Code		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)		After MAY 1, 20	!!! FEE IS \$150.00 000 Fee will be \$550. ble to Department of	D.00 Trust Fund Contribution.		
11.	OFFICERS A	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BELZ, MARTHA G		NAME			
STREET ADDRESS	12601 STEEPLECHASE DRIVI	E	STREET ADDRESS	•		
CITY-ST-ZIP	PANAMA CITY FL 32404		CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BREAULT, CANDICE B		NAME			
STREET ADDRESS	310 WEST 34TH COURT	•	STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	PANAMA CITY FL 32405			Channe Addition		
TITLE	S PRESULT PECHALO D	☐ Delete	TITLE NAME	☐ Change ☐ Addition		
NAME STREET ADDRESS	BREAULT, REGINALD R 310 WEST 34TH COURT		STREET ADDRESS	The Company of the Co		
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP			
TITLE	TANAMA OILL TE SEADS		TITLE	☐ Change ☐ Additio		
NAME		L Defete	NAME			
STREET ADDRESS	,		STREET ADDRESS			

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

2-13-2000

850-763-3023

☐ Change

☐ Change

☐ Addition

Addition

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90042 001 \*\*\*150.00

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CH2E034 (9/99)