## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 25, 2002 8:00 am **Secretary of State** P98000011112 DOCUMENT # 1. Entity Name 03-25-2002 90040 049 \*\*\*150.00 ONLY TREES, INC. Principal Place of Business Mailing Address 18990 MISTY LAKE DRIVE 18930 MISTY LAKE DRIVE JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For \_ **65-**0809529<sup>-</sup> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MULLIN, JAMES G Street Address (P.O. Box Number is Not Acceptable) 2080 NW BOCA RATON BLVD SUITE 6 **BOCA RATON FL 33431** 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 applicables (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME DAVIS, WILLIAM W CR2E034 STREET ADDRESS 18930 MISTY LAKE DRIVE STREET ADDRESS CITY-ST-ZIP Jupiter FL 33458 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition D NAME NAME DAVIS, KAREN L STREET ADDRESS STREET ADDRESS 18930 MISTY LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIF JUPITER FL 33458 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does no 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 acade le 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.

William W. DAVIS

747-8050

FILED