2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name P98000022228					Secretary of State			
D.C. BUS	SH AND TREE, INC.					03-18-2002 90037	017 ***150	0.00
Principal Place of Business RR 1 BOX 48113 MICANOPY FL 32667		Mailing Address RR 1 BOX 48113 MICANOPY FL 32667						
2. Principal Place of Business		3. Mailing Address				LEBIJESI	JIIO 14838 41010 14810	6189) IBII IBBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number Applied For S9-3498027 Not Applicable			
Zip Country		Zip	Zip Country		5. (Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current R	legistered Agent		N	7. N	lame and Address of New Register		
CRUMP,	DAVIS E			Name (5	20.5	Ni		
7927 LO			Street Address			ox Number is Not Acceptable)		
HYPOLUX	KO FL 33462							
				City				
8. The above	named entity submits this etatement for	the purpose of changing it	s register	ed office or registere	ed age	ent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	o title if applicable. (NO	TE: Registere	ed Agent signature required	when re	instating) DAT	E	
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)		002 Fee	IS \$150.00 will be \$550.00 epartment of Stat	e	10. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees
11.	OFFICERS AND D	I DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUMP, DAVID 7927 LOOMIS ST. HYPOLUXO FL 32667	☐ Delete	II II				☐ Change	☐ Addition
TITLE	1117 OLUXO 1 L 32007	☐ Delete	TITL	i			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			III .	ME EET ADDRESS (-ST-ZIP				
TITLE		Delete	TITL			ر و به میا استام میدینداشد. پایان با در بازی موسید	Change	Addition
STREET ADDRESS CITY-ST-ZIP	And the second s	د عد الد داروس التي التي التي التي ا	III .	IE " EET ADDRESS (-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITL NAM STRI	E			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRI	E			Change	☐ Addition
indiantad	Certify that the information supplied with to a certify that the information supplied with to lond this report is to poration or the receiver or trustee empoyer, or on an attachment with a factoress, we have the content of the certification	true and accurate and that	my ciana	ituro chall have the c	amal	agal attact as it made under gath, the	it i am an officer	or director

SIGNATURE:

Daytime Phone #