

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90196 001 \*\*\*150.00

**DOCUMENT # P98000037353**

1. Entity Name  
**TREE-D, INC.**



Principal Place of Business  
**2964 WELLINGTON CIRCLE  
SUITE 1  
TALLAHASSEE FL 32309  
US**

Mailing Address  
**2964 WELLINGTON CIRCLE  
SUITE 1  
TALLAHASSEE FL 32309  
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**2910 Kerry Forest Plwy  
Suite, Apt. #, etc.  
D-4-199**

3. Mailing Address

**2910 Kerry Forest Plwy  
Suite, Apt. #, etc.  
D4-199**

City & State

**Tallahassee FL**

City & State

**Tallahassee FL**

4. FEI Number

**59-3518175**

Applied For

Not Applicable

Zip

**32309**

Country

**USA**

Zip

**32309**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, RALPH W  
2964 WELLINGTON CIRCLE  
SUITE 1  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

**Harry Qualls**

Street Address (P.O. Box Number is Not Acceptable)

**2910 Kerry Forest Plwy, # D4-199**

City

**Tallahassee**

**FL**

Zip Code

**32309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**2/19/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BENNETT, RALPH W**  
STREET ADDRESS **4600 RAMSGATE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete  
NAME **MAYER, ROBERT W**  
STREET ADDRESS **1962 CHATSWORTH WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete  
NAME **QUALLS, HARRY F**  
STREET ADDRESS **6979 STANDING PINES LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete  
NAME **BELLENOT, STEVEN F**  
STREET ADDRESS **1908 SHERWOOD DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/03**

Date

**850-906-9335**

Daytime Phone #

CR2E034 (10/02)