

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90071 025 ***550.00

0123147 AT

DOCUMENT # P98000045092

1. Entity Name
TREE CAPITAL CLEANING SERVICES, INCORPORATED



Principal Place of Business
**2305 A V BRANNON RD
PERRY FL 32347**

Mailing Address
**2305 A V BRANNON RD
PERRY FL 32347**



2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3522824**

Applied For
 Not Applicable

Zip Country
US

Zip Country
US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HINES, DONALD
2305 A V BRANNON RD
PERRY FL 32347**

7. Name and Address of New Registered Agent

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

SIGNATURE *Donald Hines* **Donald Hines** **8-12-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	HINES, DONALD	
STREET ADDRESS	2305 A V BRANNON RD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	S	<input type="checkbox"/> Delete
NAME	HINES, KATHRYN L	
STREET ADDRESS	2305 A V BRANNON RD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donald Hines* **Donald Hines** **8-12-03** **850-584-2532**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E03 (4/03)