

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90464 005 ***150.00

DOCUMENT # P 98000085319	
1. Entity Name	
Sugar Tree Plant Farm, Inc.	

04041346

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10238 Ehren Cutoff	3. Mailing Address 10238 Ehren Cutoff
Suite, Apt. #, etc.	Suite, Apt. #, etc.

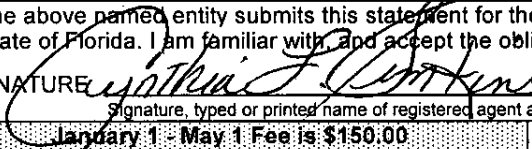
DO NOT WRITE IN THIS SPACE

City & State Land O' Lakes, FL	City & State Land O' Lakes, FL	4. FEI Number 59-3542441	Applied For Not Applicable
Zip 34639	Country USA	Zip 34639	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Cynthia L. Simkins	
Street Address (P.O. Box Number is Not Acceptable) 10238 Ehren Cutoff	
City Land O' Lakes	Zip Code 34639

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  **Cynthia L. Simkins** **4/20/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Cynthia L. Simkins 1285 Wisper Run Court Land O' Lakes, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Charles Simkins 1285 Wisper Run Court Land O' Lakes, FL 33558
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11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE  **Cynthia L. Simkins \ Director** **4/20/2004** **(813) 948-8802**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**