

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-13-2001 90061 015 ***150.00

DOCUMENT # P99000009370

1. Entity Name

NORTH SIDE OF THE TREE, INC.

Principal Place of Business

Mailing Address

1546 RODMAN STREET
HOLLYWOOD FL 33020

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HOLLYWOOD FL 33020

2. Principal Place of Business

13823 Murcott Av.

3. Mailing Address

1546 Rodman St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clewiston, Fl.

City & State

Hollywood, Fl.

Zip

Country

Zip

33020

Country

4. FEI Number

65-0902842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSS, SHERRI
1546 RODMAN STREET
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name **Thomas O. Moss**

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

1546 Rodman St

Hollywood, Fl.

City

FL

Zip Code

33020

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

Sherr Moss

Thomas O. Moss **3/10/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **P MOSS, THOMAS O**
STREET ADDRESS **1546 RODMAN ST**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
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TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

Thomas O. Moss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01

Date

Daytime Phone #

CR2E034 (10/00)