

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011590

1. Entity Name

TREE PROTECTION, INC.

Principal Place of Business

3212 SOUTH OCEAN BOULEVARD  
SUITE 706A  
HIGHLAND BEACH FL 33487

Mailing Address

3212 SOUTH OCEAN BOULEVARD  
SUITE 706A  
HIGHLAND BEACH FL 33487

2. Principal Place of Business

Tree Protection  
Suite D  
2021 South Seacret Blvd.  
Boyton Beach, FL  
33435-16835 USA

3. Mailing Address

Tree Protection, Inc  
Suite, Apt. #, etc.  
PO Box 159  
City & State  
Boyton Beach, FL  
Zip 33425 Country USA

6. Name and Address of Current Registered Agent

MASTERSON, EDE  
3212 S. OCEAN BLVD.  
SUITE 706A  
HIGHLAND BEACH FL 33487

4. FEI Number 65-0912592  
Applied For  
Not Applicable

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

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.

SIGNATURE \_\_\_\_\_  
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.  FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
(See criteria on back)  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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BENNETT, CATHERINE 3212 SOUTH OCEAN BOULEVARD HIGHLAND FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Bennett, Catherine PO Box 159 Boyton Beach, FL 33425	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01

561 731 5916

570 164 30812

Date

Daytime Phone #