

FILED
Jul 10, 2000 8:00 am
Secretary of State

01-14-2000 90022 017 ***150.00

DOCUMENT # P99000051534

1. Entity Name

BIG TIMBER CHRISTMAS TREES, INC.

R

Principal Place of Business

Mailing Address

7023 BEACHVIEW DRIVE
NORTH BAY VILLAGE FL 32911

2633 BEACHVIEW DRIVE
NORTH BAY VILLAGE FL 32911 4887

8267 SW 128th ST SUITE 214
PINECREST, FL 33156

→ SAME

2. Principal Place of Business

8267 SW 128th

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 214

City & State
PINECREST, FL.

City & State

4. FEI Number

65-0933441

Applied For

Not Applied For

Zip
33156

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Paul W. Boutin
8267 SW 128th Apt. 214
Pinecrest, FL 33156

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	NAME Paul W. Boutin	STREET ADDRESS 8267 SW 128th Apt. 214	CITY-ST-ZIP Pinecrest, FL 33156	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/>

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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

SIGNATURE: *Paul W. Boutin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 6, 2000. (305) 757-7997

DATE

DAYTIME PHONE #

DOC# P99000051534

307963

PLEASE NOTE:

1) PRESIDENT HAS BEEN ADDED TO
11

2) THE LETTER STATES "TO AVOID THE
\$400.⁰⁰ LATE FEE RETURN.. WITHIN 30 DAYS
OF THE DATE OF THIS LETTER ... JUNE 8,⁰⁰
THE POST MARK ON THE ENVELOPE IS JUNE 23
WHICH I HAVE FOR PROF. THANKS.