

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
 03-30-2000 90053 025 ***150.00

DOCUMENT # P99000070030

1. Entity Name

DC TREES, INC.

Principal Place of Business

Mailing Address

620 BURGUYNE LOOP
 DAVENPORT FL 33837

620 BURGUYNE LOOP
 DAVENPORT FL 33837-8010

2. Principal Place of Business

3. Mailing Address

5052 - 1813 Park Central Dr.

5052 - 1813 Park Central Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Orlando, FL

City & State
 Orlando, FL

4. FEI Number
 59-3610548

Applied For
 Not Applicable

Zip
 32839

Country

Zip
 32839

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

CHADWELL, ELLEN T
 2640 GOLDEN GATE PKWY., STE. 315
 NAPLES FL 34105

Name
 Cleatous J. Simmons
 Street Address (P.O. Box Number is Not Acceptable)
 215 North Eola Drive

City
 Orlando, Florida FL Zip Code
 32802

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

Cleatous J. Simmons

(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 NO. 7111 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 P/D Dale H. Collier ☐ Delete
 NAME 5052 - 1813 Park Central Drive
 STREET ADDRESS Orlando, FL 32839
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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 reports 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
 Dale H. Collier, President

3/17/00

Date

Signature

CR2E034 (9/99)