

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90057 028 ***150.00

DOCUMENT # P99000109956

1. Entity Name
PINETREE INDUSTRIES II, INC.

Principal Place of Business Mailing Address
743 PALM AVE. **743 PALM AVE.**
BOCA RATON FL 33432 **BOCA RATON FL 33432**

DBA - Antiques & Country Pine



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
711 W Indianwood Rd

Suite, Apt. #, etc. Suite, Apt. #, etc.
C-1, C-1A, C-2

City & State City & State
JUPITER FL

4. FEI Number Applied For
05-0977094 Not Applicable

Zip Country Zip Country
33458-7517 **USA**

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

WALLACE, JEFFREY P
743 PALM AVE.
BOCA RATON FL 33432

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	WALLACE, JEFFREY P	
STREET ADDRESS	743 PALM AVE.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	<i>Wallace, Sylvia A</i>	
STREET ADDRESS	<i>743 Palm Ave</i>	
CITY-ST-ZIP	<i>Boca Raton FL 33432</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Jeffrey Wallace* Date: *2-24-00* Daytime Phone #: *561 3670505*

CDER24 (01/00)