CR2E034 (9/01

2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # P99000111050 1. Entity Name A AFFORDABLE TREE TRANSPORT, INC. 04-10-2002 90465 027 ***150.00 Principal Place of Business Mailing Address 20999 BROWN ROAD 20999 BROWN ROAD CHRISTMAS FL 32709 CHRISTMAS FL 32709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3613678 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent: -7. Name and Address of New Registered Agent Name BIRKETT, RUSSELL A SR Street Address (P.O. Box Number is Not Acceptable) 20999 BROWN ROAD CHRISTMAS FL 32709 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TRES TITLE ☐ Change Delete Addition BIRKETT, LORI A NAME NAME STREET ADDRESS 2099 BROWN RD STREET ADDRESS CITY-ST-ZIE CHRISTMAS FL 32709 CITY-ST-ZIP TITLE PRES ☐ Delete TITLE ☐ Change Addition NAMÉ BIRKETT, RUSSELL A SR NAME STREET ADDRESS 20999 BROWN RD STREET ADDRESS CITY-ST-7IP CHRISTMAS FL 32709 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME BIRKETT, LORI'A - -NAME STREET ADDRESS 20999 BROWN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHRISTMAS FL 32709 TITLE SEC X Delete TITLE Change ☐ Addition BIRKETT, LORI A NAME NAME STREET ADDRESS **20999 BROWN RD** STREET ADDRESS CITY-ST-ZIP CHRISTMAS FL 32709 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an addres