

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46175

1. Entity Name

THE KINSMAN TREE, INC.

FILED  
Apr 10, 2002 8:00 am  
Secretary of State

04-10-2002 90463 030 \*\*\*150.00

0534421 AV

Principal Place of Business  
~~290 SW 10TH ST.~~  
 OCALA FL 34474  
 US

Mailing Address  
~~290 SW 10TH ST.~~  
 OCALA FL 34474  
 US

2. Principal Place of Business  
~~500 SW 10TH ST~~3. Mailing Address  
~~500 SW 10TH ST~~Suite, Apt. #, etc.  
~~SUITE 305~~Suite, Apt. #, etc.  
~~SUITE 305~~City & State  
~~OCALA, FL~~City & State  
~~OCALA, FL~~Zip  
~~34474~~Country  
~~US~~Zip  
~~34474~~Country  
~~US~~

## 6. Name and Address of Current Registered Agent

ROADERICK, BETTE J.  
 238 SW 10TH ST.  
 OCALA FL 34474

Name *SAME*  
 Street Address (P.O. Box Number is Not Acceptable)  
~~500 SW 10 STREET SUITE 305~~  
 City *OCALA* FL *34474*

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

*Bette K. Radenick* 3/13/02

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, 2002 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

TITLE  D  
 NAME  ROADERICK, BETTE J.  
 STREET ADDRESS  ~~238 SW 10TH ST.~~  
 CITY-ST-ZIP  ~~OCALA, FL~~

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  ~~500 SW 10TH ST SUITE 305~~  
 STREET ADDRESS  ~~OCALA, FL 34474~~  
 CITY-ST-ZIP

TITLE  Delete  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

TITLE  Delete  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

TITLE  Delete  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

TITLE  Delete  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

TITLE  Delete  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

TITLE  Change  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)(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: *Bette K. Radenick*

3/13/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)