

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90083 040 \*\*\*\*61.25

**DOCUMENT # 762059**

1. Entity Name

**GREENTREE SERVICES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 4241  
 BOYNTON BCH FL 33424-4241

P.O. BOX 4241  
 BOYNTON BCH FL 33424-4241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2163142**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALLARINO, JULIA**  
**4747-A STORKWOOD WAY**  
**BOYNTON BCH FL 33436**

Name **GEORGE M. SIFFRI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4728 B GREENTREE CIRCLE**  
**BOYNTON BEACH**  
 City **FL** Zip Code **33436**

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 **GEORGE M. SIFFRI, TREASURER**

(NOTE: Registered Agent signature required when reinstating)

**2/09/02**  
 DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution:

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**  Delete  
 NAME: **ZACKS, ARCHIE**  
 STREET ADDRESS: **10190-A EAGLEWOOD ROAD**  
 CITY-ST-ZIP: **BOYNTON BEACH FL**

TITLE: **TREASURER**  Change  Addition  
 NAME: **GEORGE M. SIFFRI**  
 STREET ADDRESS: **4728 B GREENTREE CIRCLE**  
 CITY-ST-ZIP: **BOYNTON BEACH, FL 33436**

TITLE: **D**  Delete  
 NAME: **COTE, RAYMOND**  
 STREET ADDRESS: **4860-A EQUESTRIAN CIRCLE**  
 CITY-ST-ZIP: **BOYNTON BEACH FL**

TITLE: **SECRETARY**  Change  Addition  
 NAME: **ALICE QUEST**  
 STREET ADDRESS: **4660 A GREENTREE PLACE**  
 CITY-ST-ZIP: **BOYNTON BEACH, FL. 33436**

TITLE: **P**  Delete  
 NAME: **GLOSEFFI, ANDREW**  
 STREET ADDRESS: **4660 B FINCHWOOD TERRACE**  
 CITY-ST-ZIP: **BOYNTON BEACH FL**

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

TITLE: **D**  Delete  
 NAME: **ORSTE, GOLIA**  
 STREET ADDRESS: **4767 GREENTREE WAY**  
 CITY-ST-ZIP: **BOYNTON BCH FL 33436**

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:

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GEORGE M. SIFFRI, TREASURER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/09/02** **561-737-1258**  
 Date Daytime Phone #

CR2E037 (9/01)