

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90998 037 ***150.00

0110660 AV

DOCUMENT # J06287

1. Entity Name

MAC'S TREE AND YARD SERVICE, INC.



Principal Place of Business

% ARNOLD M. GIFFORD
3308 CULLEN LAKE SHORE DR.
ORLANDO FL 32812

Mailing Address

% ARNOLD M. GIFFORD
3308 CULLEN LAKE SHORE DR.
ORLANDO FL 32812

2. Principal Place of Business

5232 Oak Island Rd

3. Mailing Address

5232 Oak Island Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

Country

32809

Orange

Zip

Country

32809

Orange

4. FEI Number

59-2666528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GIFFORD, ARNOLD M.
3308 CULLEN LAKE SHORE DR.
ORLANDO FL 32812

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **GIFFORD, ARNOLD M.**
STREET ADDRESS **3308 CULLEN LAKE SHORE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DTS** ☐ Delete
NAME **GIFFORD, DIANNE G.**
STREET ADDRESS **3308 CULLEN LAKE SHORE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Gifford, Arnold M**
STREET ADDRESS **5232 Oak Island Rd**
CITY-ST-ZIP **Orlando, Fla 32809**

TITLE **DTS** ☒ Change ☐ Addition
NAME **Gifford Dianne G**
STREET ADDRESS **5232 Oak Island Rd**
CITY-ST-ZIP **Orlando Fla 32809**

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

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

TITLE ☐ Change ☐ Addition
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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03
Date

Daytime Phone #

CR2E034 (10/02)