# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL E. PIERCY

Electronic Signature of Signing Officer/Director Detail

## Entity Name: ATLANTIC PLANT AND TREE EXPERTS, INC.

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

3697 D ROAD LOXAHATCHEE, FL 33470

#### **Current Mailing Address:**

DOCUMENT# P09000055024

PO BOX 661 LOXAHATCHEE, FL 33470

#### FEI Number: 27-0450051

#### Name and Address of Current Registered Agent:

AJINKYA, ARVIND 4524 BUN CLUB RD. #102 WEST PALM BEACH, FL 33415 US

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:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	D	Title	D
Name	ROBINE, CRAIG E	Name	PIERCY, DANIEL E
Address	3697 D RD.	Address	3697 D ROAD
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470

Certificate of Status Desired: No

OWNER/DIRECTOR 0

Date

### FILED Jan 27, 2014 Secretary of State CC3147133816

01/27/2014

Date