

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90127 047 ***150.00

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DOCUMENT # 443322

1. Entity Name
SOUTHERN COMFORT TREE PRUNING SPECIALISTS, INC.



Principal Place of Business
1981 N.E. 32ND CT.
#48
LIGHTHOUSE POINT FL 33064

Mailing Address
1981 N.E. 32ND CT.
#48
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

2920 NW 2ave
Suite, Apt. #, etc.

3. Mailing Address

2920 NW 2ave
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number 59-1511519

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEHRKE, GAREY R.
1981 N.E. 32ND CT. #48
LIGHTHOUSE POINT FL 33064

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 *Garey R. Nehrke Pres*

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	VP	<input type="checkbox"/> Delete
NAME	NEHRKE, MARGARET T.	
STREET ADDRESS	1981 N.E. 32 COURT #48	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	PMS	<input type="checkbox"/> Delete
NAME	NEHRKE, GAREY R.	
STREET ADDRESS	1981 N.E. 32 COURT #48	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NEHRKE, NICOLE D	
STREET ADDRESS	1981 N.E. 32ND CT. #48	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Garey R. Nehrke Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 *954 942 9674*
Date Daytime Phone #

CR2E034 (10/02)