2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 847200

| 1. Entity Name | | | | | | | | |
|---|-------------|--|---------|--|--|--|--|--|
| LEWIS TREE SE | RVICE, INC. | | | | | | | |
| Principal Place of Business | | Mailing Address | | | | | | |
| 225 BALLANTYNE ROAD ROCHESTER NY 14623 US | | 225 BALLANTYNE ROAD ROCHESTER NY 14823-1907 US | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | |
| City & State | | City & State | | | | | | |
| Zip | Country | Zip | Country | | | | | |
| | | | | | | | | |

FILED Jan 21, 2000 8:00 am Secretary of State

01-21-2000 90097 021 ***150.00



| 2. Principal Place of Business | | 3. Mailing Address | | | |] | | | | | | | |
|---|-------------------|--|--|--|-----------------------|-------------------|--------------------------------------|----------------|-----------|------------------------------|-------------------|------------|------------|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WR | ITE IN THI | S SPACE | | | | | |
| City & State | | City & State | | 4. | . FEI Number | 16-100485 | 51 | | | olied For |] | | |
| Zip | , | Country | Zip | Zip Country | | 5. | . Certificate of | Status Desired | | \$8.75 Fee Rec | Addi | | 1 |
| 6. Name and Address of Current Registered Agent | | | | | | 7. | Name and A | ddress of New | Reaistere | | ull eu | | ∤ ∴ |
| Name | | | | | | | | | | | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | |
| | | | | | City | 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. | | | | | | | | | | | | | |
| SIGNATURE . | Signature, typed | or printed name of registered agent ar | nd title if applicable. (NOTE | : Registere | d Agent signatu | are required wher | reinstating) | | DATE | | | | |
| 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, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta | | 50.00 | 4 | ion Campaign Fi Fund Contribution | - | | | May Be to Fees | | |
| 11. | | OFFICERS AND D | DIRECTORS | 12. | | | ADDITIONS/CH | HANGES TO OF | FICERS A | | | |] , |
| TITLE | CD | | ☐ Delete | TITLE | | D | | | | Char | nge | ☐ Addition | 00/ |
| NAME | TERRY, D | | | NAM | | | | | | | | | 7 |
| STREET ADDRESS CITY-ST-ZIP | 390 SYST | | | | ET ADDRESS -ST-ZIP | | | | | | | | Ì |
| TITLE | VTSD | TER NY 14623 | ☐ Delete | TITLI | | | | | | Char | | Addition | - 6 |
| NAME | REDMAN, | JOSEPH | L Detete | NAM | | | | | | J | -g- | | |
| STREET ADDRESS | | ANTYNE ROAD | | STRE | ET ADDRESS | | • | | | | | _ | |
| CITY-ST-ZIP | ROCHES1 | | | CITY | -ST-ZiP | | <u>. w 2</u> | | | 1.40 | 62 | <u> 3</u> | - |
| TITLE | PD | , , | ☐ Delete | TITL | | | | . | | 🔀 Char | nge | ☐ Addition | |
| NAME . | ALT, RICH | | | NAM | _ | | | | | | | | |
| STREET ADDRESS | | ANTYNE RD | | | ET ADDRESS -st-zip | | | | | 111 | / 2 | 3 | |
| CITY-ST-ZIP | ROCHEST | IEK NY | | - | | V | | | | 14 € X Char | <u> </u> | Addition | + |
| TITLE NAME | VSD | N, MICHAEL | ☐ Delete | TITLI NAM | | <i>V</i> | | | | Chai | ige | AOORION | |
| STREET ADDRESS | | ANTYNE RD | | • | ET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | ROCHES1 | | | CITY | -ST-ZIP | | | | | 140 | 66 | 23 | |
| TITLE | VD | | ☐ Delete | TITLI | | | | • | | Char | | Addition | 1 |
| NAME | SKIVINGT | ON, MICHAEL | | NAM | | | | | | - • | | | |
| STREET ADDRESS | | ANTYNE ROAD | | | ET ADDRESS | | | | | 14 | , | 13 | |
| CITY-ST-ZIP | ROCHEST | TER NY | | - | -ST-ZIP | | | | • | | | | - |
| TITLE | VD | OCEDU | ☐ Delete | TITL | | J | | | | Chai | nge | Addition | |
| NAME STREET ADDRESS | PEPPE, JO | | | NAM Stre | et address | | | | | | | | |
| CITY-ST-ZIP | | ONIAL ACRES D MA 01201 | | | -ST-ZIP | | | | | | | | 1 |
| 377 37 27 | <u> FILLOFIEL</u> | D INIV AISAI | | | | | - 110 07(0)(0) | Florida Orașii | 1.6 (1 | . 175 15 14 | | | 1 |

13. I hereby certify that the information supplied with this filling 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: _