

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-03-2003 90454 004 ***150.00

DOCUMENT # F02000000673

1. Entity Name
ABC PROFESSIONAL TREE SERVICES INC.



Principal Place of Business
5100 MILWEE #122 4831 OLD GALVESTON RD. HOUSTON TX 77032
Mailing Address
5100 MILWEE #122 4831 OLD GALVESTON RD. HOUSTON TX 77032



2. Principal Place of Business
4831 Galveston Rd.
Suite, Apt. #, etc.

3. Mailing Address
4831 Galveston Rd.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Houston, TX
Zip
77017
Country
USA

City & State
Houston, TX
Zip
77017
Country
USA

4. FEI Number **76-0686297**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

02/25/03

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, MARIA 5100 MILWEE, #122 HOUSTON TX 77032 VICE President 10006 Erin Glenway Pearland, TX 77584	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, LUIS 5100 MILWEE, #122 HOUSTON TX 77032 President 10006 Erin Glenway Pearland, TX 77584	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rocio Jasso 2012 Wichita St. Pasadena, TX 77502 Secretary BOD	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

02/25/03 713-644-8808

Date

Daytime Phone #

CR2E034 (10/02)