

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90196 044 ***150.00

DOCUMENT # G30554

1. Entity Name

GREEN TREE MAINTENANCE SERVICES, INCORPORATED

Principal Place of Business

7734 34TH AVENUE NORTH
ST PETERSBURG FL 33710-1135

Mailing Address

7734 34TH AVENUE NORTH
ST PETERSBURG FL 33710-1135

2. Principal Place of Business

17350 SE 65th ST

Suite, Apt. #, etc.

MORRISTON FLORIDA

City & State

32668

Zip

Country

3. Mailing Address

17350 SE 65th ST

Suite, Apt. #, etc.

MORRISTON FLORIDA

City & State

32668

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2272178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHALL, JAMES D.

7734 34TH AVENUE NORTH 3832 SW 84th ST
ST PETERSBURG FL 33710 Gainesville FL 32608

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.

SIGNATURE

James D. Marshall

(NOTE: Registered Agent signature required when reinstating)

1/8/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MARSHALL, JAMES D	
STREET ADDRESS	7629 - 135TH ST NORTH	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	STV	<input type="checkbox"/> Delete
NAME	MARSHALL, LOUISE	
STREET ADDRESS	7629 - 135TH ST NORTH	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARSHALL, MICHAEL D	
STREET ADDRESS	1102 N.W. 10TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3832 SW 84th ST.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3832 SW 84th ST	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louise Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 **352 375 1747**

Date

Daytime Phone #

CR2E034 (10/00)