

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90019 016 ***150.00

DOCUMENT # H73870

1. Entity Name
TREE SAVER INCORPORATED

Principal Place of Business
911 N. RAILROAD AVE.
WEST PALM BEACH FL 33401

Mailing Address
911 N. RAILROAD AVE.
WEST PALM BEACH FL 33401

2. Principal Place of Business
532 Anchorage Dr. S

3. Mailing Address
532 Anchorage Dr. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Palm Beach, FL

City & State
North Palm Beach, FL

4. FEI Number **59-2602221**

Applied For
Not Applicable

Zip **33408** **Country** **Palm Beach**

Zip **33408** **Country** **Palm Beach**

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLATER, ROBERT W
214 BRAZILIAN AVENUE, #221
PALM BEACH FL 33480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ **Delete**
NAME **CRONENWETT, SHIRLEY**
STREET ADDRESS **911 RAILROAD AVE**
CITY-ST-ZIP **W PALM BCH FL**

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

TITLE **D** ☐ **Delete**
NAME **CRONENWETT, DUANE**
STREET ADDRESS **532 ANCHORAGE DR**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE **D** ☐ **Delete**
NAME **COUNTS, JONI**
STREET ADDRESS **6496 NAMON WALLACE DR**
CITY-ST-ZIP **CUMMING GA 30130**

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

TITLE **D** ☐ **Delete**
NAME **DALTON, LAURA**
STREET ADDRESS **850 LLOYD RD**
CITY-ST-ZIP **DUNDEE MI 48131**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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: *Shirley Cronenwett* **SHIRLEY CRONENWETT** **April 02, 2002** **561-842-9370**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

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