

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90998 037 ***150.00

0110660 AV

DOCUMENT # **J06287**

1. Entity Name
MAC'S TREE AND YARD SERVICE, INC.



Principal Place of Business
% ARNOLD M. GIFFORD
3308 CULLEN LAKE SHORE DR.
ORLANDO FL 32812

Mailing Address
% ARNOLD M. GIFFORD
3308 CULLEN LAKE SHORE DR.
ORLANDO FL 32812

2. Principal Place of Business
5232 Oak Island Rd

3. Mailing Address
5232 Oak Island Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number **59-2666528**

Applied For
Not Applicable

Zip
32809

Country
Orange

Zip
32809

Country
Orange

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

GIFFORD, ARNOLD M.
3308 CULLEN LAKE SHORE DR.
ORLANDO FL 32812

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: _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
NAME **GIFFORD, ARNOLD M.**
STREET ADDRESS **3308 CULLEN LAKE SHORE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DP** Change Addition
NAME **Gifford, Arnold m**
STREET ADDRESS **5232 Oak Island Rd**
CITY-ST-ZIP **Orlando, Fla 32809**

TITLE **DTS** Delete
NAME **GIFFORD, DIANNE G.**
STREET ADDRESS **3308 CULLEN LAKE SHORE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DTS** Change Addition
NAME **Gifford Dianne G.**
STREET ADDRESS **5232 Oak Island Rd**
CITY-ST-ZIP **Orlando Fla 32809**

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 _____

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 _____

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/22/03
Date Daytime Phone #

CR2E034 (10/02)