

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54464

1. Entity Name

LARRY'S TREE SERVICE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90158 013 ***150.00

Principal Place of Business

Mailing Address

2700 NW 33RD ST
POMPANO BCH FL 33064
US

6466 N.W. 80TH TERR.
PARKLAND FL 33067-1139

2. Principal Place of Business

3. Mailing Address

P.O. Box 670565

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CORAL SPRINGS, FL

4. FEI Number

65-0244403

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

USA

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

TRAUTH, SCOTT R.
6466 N.W. 80TH TERR.
PARKLAND FL 33067

Name "SAME"

Street Address (P.O. Box Number is Not Acceptable)

12876 154th ROAD NORTH

City

JUPITER

FL

Zip Code

33478

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	TRAUTH, SCOTT R.	6466 N.W. 80TH TERR.	PARKLAND FL	<input type="checkbox"/>	<input type="checkbox"/>
V	TRAUTH, KATHIE J.	6466 N.W. 80TH TERR.	PARKLAND FL	<input type="checkbox"/>	<input type="checkbox"/>
S	KNOPE, AMY LYNN	6466 NW 80TH TERRACE	PARKLAND FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

954-753-7393

Daytime Phone #

CR2E034 (9/99)