

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J76372

1. Entity Name

PAUL VARNEY'S TREE EXPERT COMPANY, INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90088 025 \*\*\*150.00

Principal Place of Business

1801 SW 67TH AVE  
7911-NW 69 TERRACE  
PLANTATION FL 33317  
US

Mailing Address

1801 SW 67 AVE  
PLANT FL 33317-5112  
US

U S J U S U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1801 SW 67 Ave  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plantation - FL

City & State

FL

4. FEI Number

59-2829129

Applied For

Not Applicable

Zip

Country

33317

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VARNEY, PAUL  
1801 SW 67HT AVE  
PLANTATION FL 33317

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.

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

TITLE PD  
NAME VARNEY, PAUL  
STREET ADDRESS 1801 SW 67 AVE.  
CITY-ST-ZIP PLAN FL

☐ Delete

TITLE VS  
NAME VARNEY, KIMBERLY  
STREET ADDRESS 1801 SW 67 AVE.  
CITY-ST-ZIP PLAN FL

☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Kimberly J. Varney  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 954-791-7971  
Date Daytime Phone #