

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90747 016 *****50.00

DOCUMENT # L01000001708

1. Entity Name
ISLAND TREE SERVICE, LLC



Principal Place of Business

**1825 PAR PLACE
SARASOTA FL 34240**

Mailing Address

**PO BOX 18933
SARASOTA FL 34276-1933**

2. Principal Place of Business

5030 Commonwealth Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

34242

Country

SARASOTA

Zip

Country

4. FEI Number **65-1065288**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FEY, JODI R
1825 PAR PLACE
SARASOTA FL 34240**

7. Name and Address of New Registered Agent

Name

Jodi R. Fey

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

5030 Commonwealth Dr.

City

SARASOTA

FL

Zip Code

34242

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

Jodi R. Fey

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

(NOTE: Registered Agent signature required when reinstating)

4/21/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	RICHARD, FEY	
STREET ADDRESS	1825 PAR PL	
CITY-ST-ZIP	SARASOTA FL 34240 34242	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JODI, FEY R	
STREET ADDRESS	1825 PAR PL	
CITY-ST-ZIP	SARASOTA FL 34240 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jodi R. Fey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/03 941-312-9449

CR2E083 (10/02)

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