## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 19, 2000 8:00 am Secretary of State **DOCUMENT # L53522** 1. Entity Name TIMBER TOPPERS TREE SERVICE, INC. 05-19-2000 90065 048 \*\*\*150.00 Principal Place of Business Mailing Address 8015 VERNA BETHANY ROAD 8015 VERNA BETHANY ROAD 849771 MYAKKA CITY FL 34251 MYAKKA CITY FL 34251 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0185889 Not Applicable u5 019135 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REIGLE, SHIRLEY B Street Address (P.O. Box Number is Not Acceptable) 8015 VERNA BETHANY ROAD MYAKKA FL 34251 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition **PVDS** ☐ Delete TITLE NAME NAME REIGLE, SHIRLEY B. STREET ADDRESS STREET ADDRESS 8015 VERNA BETHAM RD CITY-ST-ZIP CITY-ST-ZIP MYAKKA CITY FL 34251 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustge 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.

SIGNING OFFICER OR DIRECTOR

941TeleFile Tax Record

► Call TeleFile 24 hours a day at 1-800-583-5345

address, or EIN

as shown is:

incorrect, you CANNOT use

A Enter the total deposits (line 14) reported on your 1999 third with the contract of the cont

Be Enter the numerical code for the state in which deposits were made only if these state is different from that shown in your address above (see page TEL 3) quarter, Form 941 (or 941 TeleFile, Tax Record)