

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L84019

1. Entity Name

W.B. OLLIFF, JR. TREE SURGEON INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90089 012 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 874
 HWY 636 WEST
 WAUCHULA FL 33873

P.O. BOX 874
 HWY 636 WEST
 WAUCHULA FL 33873-0874

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3016713**

Applied For

Not Applicable

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

OLLIFF, W.B., JR
 HWY 636 WEST
 P.O. BOX 874
 WAUCHULA FL 33873

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

Sonyia Olliff

(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 **D** ☐ Delete
 NAME **OLLIFF, W.B., JR**
 STREET ADDRESS **SR 636 E**
 CITY-ST-ZIP **WAUCHULA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **OLLIFF, SONYA**
 STREET ADDRESS **SR 636 E**
 CITY-ST-ZIP **WAUCHULA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 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:

Sonyia Olliff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT
SONYA OLIFF
 Date

4-27-00 **863-773-4478**
 Daytime Phone #

CR2E034 (9/99)