

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014179

1. Entity Name

RAY'S TREE LANDSCAPING, LAWN SERVICE INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90126 031 ***150.00

Principal Place of Business

5319 N DIXIE HIGHWAY
FT LAUDERDALE FL 33334

Mailing Address

5319 N DIXIE HIGHWAY
FT LAUDERDALE FL 33334

2. Principal Place of Business

5413 SW 23RD ST.

3. Mailing Address

6003 NW 31ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

FT. Lauderdale, FL

4. FFI Number

65-0981002

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33309

Country

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

WILLIAMS, RAY A
5319 N DIXIE HIGHWAY
FT LAUDERDALE FL 33334

Name

Ray A. Williams

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

5413 SW 23RD ST.

City

Hollywood

FL

Zip Code

33023

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, 2001 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 PD ☐ Delete
NAME WILLIAMS, RAY
STREET ADDRESS 5319 N DIXIE HIGHWAY
CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE DD ☒ Change ☐ Addition
NAME Ray A. Williams
STREET ADDRESS 5413 SW 23RD ST.
CITY-ST-ZIP Hollywood, FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ray A. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01 954/410-3710
Daytime Phone #

CR2E034 (10/00)

C 954 309- 8822