

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90190 003 ***150.00

011457

DOCUMENT # P00000016403

1. Entity Name

ALL ABOUT TREES SERVICE, INC.

Principal Place of Business

325 NORTH 61ST TERRACE
 HOLLYWOOD FL 33024

Mailing Address

325 NORTH 61ST TERRACE
 HOLLYWOOD FL 33024

762598



DO NOT WRITE IN THIS SPACE

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

65-0983117

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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, 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
 NAME BENDROSS, EVANDER
 STREET ADDRESS 325 NORTH 61ST TERRACE
 CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

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

TITLE SD
 NAME BENDROSS, TAMMY
 STREET ADDRESS 325 NORTH 61ST TERRACE
 CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

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

TITLE T
 NAME BENDROSS, EVANDER JR.
 STREET ADDRESS 325 NORTH 61ST TERRACE
 CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. VANDER BENDROSS

Date

Daytime Phone #

CR2E034 (10/00)