

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90061 044 \*\*\*150.00

DOCUMENT # P00000031240

1. Entity Name

LANDCARE TREE EXPERTS OF FLORIDA, INC.

Principal Place of Business

5721 BOCA CHICA LANE  
BOCA RATON FL 33433

Mailing Address

5721 BOCA CHICA LANE  
BOCA RATON FL 33433

2. Principal Place of Business

4330 NW 19<sup>th</sup> Ave

Suite, Apt. #, etc.

3. Mailing Address

4330 NW 19<sup>th</sup> Ave.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip  
33064

Country

City & State

Pompano Beach FL

Zip  
33064

Country

4. FEI Number

65-0958112.

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALTER, STEVEN G  
5721 BOCA CHICA LANE  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Alter, Steven G

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

4330 NW 19<sup>th</sup> Ave.

City

Pompano Beach

FL

Zip Code

33064.

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.

Steven G. Alter

02/07/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALTER, STEVEN G	
STREET ADDRESS	5721 BOCA CHICA LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alter Steven G	
STREET ADDRESS	4330 NW 19 <sup>th</sup> Ave.	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/01

Date

954-970-5252

Daytime Phone #

CR2E034 (10/00)