

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000031240

1. Entity Name
LANDCARE TREE EXPERTS OF FLORIDA, INC.



Principal Place of Business
4330 NW 19TH AVENUE
POMPANO BEACH, FL 33064

Mailing Address
4330 NW 19TH AVENUE
POMPANO BEACH, FL 33064

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90003 019 ***158.75

00000032



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0958112

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALTER, STEVEN G
4330 NW 19TH AVENUE
STE H
POMPANO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Steven Alter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/2/04
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALTER, STEVEN G
STREET ADDRESS 4330 NW 17TH AVE STE H
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven Alter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04
Date

954-275-7325
Daytime Phone #