

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 90387 050 \*\*\*163.75

**DOCUMENT # P00000044027**

1. Entity Name  
**E&J TREE MOVING, INC.**

Principal Place of Business

**8152 AMBACH WAY  
 HYPOLUXO FL 33462**

Mailing Address

**8152 AMBACH WAY  
 HYPOLUXO FL 33462**

2. Principal Place of Business

**117 SOUTH OAK STR.**

3. Mailing Address

**P.O. BOX 840**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LANTANA, FL**

City & State

**BOYNTON BEACH, FL**

4. FEI Number

**65-1005458**

Applied For

Not Applicable

Zip

**33462**

Country

**USA**

Zip

**33425**

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

**SANCHEZ, PANTHO  
 8152 AMBACH WAY  
 HYPOLUXO FL 33462**

Name **PANTHO SANCHEZ**

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

**117 SOUTH OAK STREET**

City

**LANTANA**

FL

Zip Code

**33462**

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 **D** ☐ Delete  
 NAME **SANCHEZ, PANTHO**  
 STREET ADDRESS **8152 AMBACH WAY**  
 CITY-ST-ZIP **HYPOLUXO FL 33462**

TITLE **D** ☒ Change ☐ Addition  
 NAME **PANTHO SANCHEZ**  
 STREET ADDRESS **117 SOUTH OAK STREET**  
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
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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:

**Pantcho Sanchez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-01 861-493-3070**

Date

Daytime Phone #

CR2E034 (10/00)