

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056529

1. Entity Name

SUNTREE WICKHAM MOWER CENTER, INC.

Principal Place of Business

2025 BUSINESS CENTER BLVD., #D12
MELBOURNE FL 32940

Mailing Address

2025 BUSINESS CENTER BLVD., #D12
MELBOURNE FL 32940

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-363-7257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ALLEN L
2087-A SARNO ROAD
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name - ROBERT KUBRICK

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

2825 BUSINESS CTR. BLVD.

City

MELBOURNE

FL

Zip Code

32940

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

ROBERT KUBRICK *Robert Kubrick* 1/14/01

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME KUBRICK, ROBERT S
STREET ADDRESS 2825 BUSINESS CENTER BLVD., #D12
CITY-ST-ZIP MELBOURNE FL 32940

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 321-269-1236

5/ FILED
Jun 08, 2001 8:00 am
Secretary of State

05-16-2001 90001 027 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)