

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91868 006 ***150.00

DOCUMENT # P00000071451

1. Entity Name

Gator Tree Experts Inc. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1635 Minnesota Ave

3. Mailing Address

1635 Minnesota Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Park, FL.

City & State

Winter Park, FL.

4. FEI Number

59-3658840

Applied For

Not Applicable

Zip

Country

32789

Zip

Country

32789

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joe McLaughlin

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

1635 Minnesota Ave.

City

Winter Park,

FL

Zip Code

32789

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

Joe McLaughlin President 4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: President
NAME: Joe McLaughlin
STREET ADDRESS: 1635 Minnesota Ave
CITY-ST-ZIP: Winter Park, FL.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

Joe McLaughlin 4/29/03 407-645 1455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)