

8/11/2002

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000079819**

1. Entity Name

BMR TREE SERVICE & GROUND RESTORATION, INC.

Principal Place of Business

**832 LAKE HAVEN
DUNEDIN FL 34698**

Mailing Address

**832 LAKE HAVEN
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4401043

Applied For

Not Applicable

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

**SHEA, SUSANNA S
C/O MOODY & SHEA, P.A.
1471 SOUTH MISSOURI AVE
CLEARWATER FL 33756**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

☐ Delete**D
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ROGNSTAD, ROBERT M
832 LAKE HAVEN
DUNEDIN FL 34698****S
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ROGNSTAD, MELANIE
832 LAKE HAVEN RD
DUNEDIN FL 34698**☐ Delete
**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**☐ Delete
**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**☐ Delete
**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**☐ Delete
**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ 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)(f), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Melanie Rognstad 8/7/02 727-423-4113

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)