

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100442

1. Entity Name

REES LAWN AND TRACTOR WORK, INC.

Principal Place of Business

Mailing Address

4116 ALAFIA BLVD
BRANDON FL 33511

P.O. BOX 2808
RIVERVIEW FL 33568

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

59-3677123

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

REES, KEVIN D
4116 ALAFIA BLVD
BRANDON FL 33511

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.

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

TITLE	President	<input type="checkbox"/> Delete
NAME	KEVIN D. REES	President
STREET ADDRESS	4116 ALAFIA BLVD.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	DAVID E. REES	Vice
STREET ADDRESS	4116 ALAFIA BLVD.	
CITY-ST-ZIP	BRANDON, FL 33511	President
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Kevin D. REES		
STREET ADDRESS	4116 Alafia Blvd.		
CITY-ST-ZIP	Brandon, FL 33511		
TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DAVID E. REES		
STREET ADDRESS	4116 Alafia Blvd.		
CITY-ST-ZIP	Brandon, FL 33511		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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:

Kevin D. Rees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-
645-4136

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90190 033 ***550.00



DO NOT WRITE IN THIS SPACE

0617058

CR2E034 (10/00)