

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90137 045 ***150.00

DOCUMENT # P01000043168

1. Entity Name

DAN'S TROPICAL TREE SERVICE CORPORATION

Principal Place of Business

**1707 PATRICIA ST
KEY WEST FL 33040**

Mailing Address

**1707 PATRICIA ST
KEY WEST FL 33040**

2. Principal Place of Business

1513 South Street

Suite, Apt. #, etc.

3. Mailing Address

1513 South Street

Suite, Apt. #, etc.

City & State
Key West, FLCity & State
Key West, FL

4. FEI Number

65-1096456

Applied For

Not Applicable

Zip
33040

Country

Zip
33040

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FARRELLY, GREGORY G
506 LOUISA ST
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name

Gregory G. Farrelly

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

c/o Catalfomo & Farrelly**506 Louisa Street**

City

Key West, FL**FL**Zip Code
33040

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 is applicable.

Gregory G. Farrelly

(NOTE: Registered Agent signature required when reinstating)

02/02/02

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KRAMER, DAN A
1707 PATRICIA ST
KEY WEST FL 33040** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVST
KRAMER, KAREM
1707 PATRICIA ST
KEY WEST FL 33040** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1513 South Street ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1513 South Street ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karem Kramer**Vice-President 01/31/02 305-296-7200**

Date

Daytime Phone #

CR2E034 (9/01)