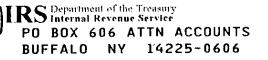
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100043685 1. Entity Name WOOD BROTHERS TREE MAINTENANCE SERVICE, INC.						FILED 02 SEP 12 AM 8: 26		
	*							
Principal Place of Business 5951 NW 42ND TERRACE FT. LAUDERDALE FL 33319		Mailing Address 5951 NW 42ND TERRACE FT. LAUDERDALE FL 33319			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State		4./	FEI Number Applied For Not Applicable			
Zip Country		Zip Country		ry		Certificate of Status Desired		
	6: Name and Address of Current F	Registered Agent			- 7 .~i	Name and Address of New Registered Agent.		
				Name				
WO2D, JAMES W 5951 NW 42ND TERRACE TO LAUDERDALE FL 33319				Street Address (P.O. Box Number is Not Acceptable)				
TO LAUD	EUNATE LE 20219							
				City	FL Zip Code			
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistere	d office or regist	ered ag	ent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered	Agent signature requir	ed when re	einstating) 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 After September 13, 2002 I Make Check Payable to De				ee will be \$75		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WOOD, JAMES W 5951 NW 42ND TERRACE FT. LAUDERDALE FL 33319	☐ Delete				Change — Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WOOD, TROY L 5951 NW 42ND TERRACE FT. LAUDERDALE FL 33319	□ Delete				****150.00 **********************************		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete		j.		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition		
indicated of the cor	on this report or supplemental report is:	true and accurate and that my wered to execute this report a	v signati	ire shall have the	e same l	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 11 or Block 12 if		

Attachment Polococytass Sept 3,2002

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	Division of Corporations
	•
	I filed for a new corporation this year
	under the advice of my accountant to become
_[_(an 5 corp from a C corp.
	I had contacted the IRS. to inquire why
	I had not received my new EIN number,
	they had informed me that your department
	had already changed my statue to an Scorp.
	I had not been notified by the Division
	of Corporations that this was changed in
	may of 2001,
_	Due to circumstances created by not being
<u> </u> -	notified of these changes and under the
_	advice of persons from the Division of Corp.
_	orations. I was told to write and send this
_	letter with the original filing fee of \$150.00
	and a copy of my response from the IRS.
_	Because there is no meed for the new
_	corporation, please accept this letter and
_	my fee to continue the original Corporation.
_	Because this was caused by reasons out
_	of my control,
	Thankyou James lo boad
1	Wood Brothers Tree Mountenance Services Inc.
_	# P01000043685



In reply refer to: 0152322468 Aug. 29, 2002 LTR 385C 65-1099055 000000 00 000 00945

WOOD BROTHERS TREE MAINTENANCE SERVICE INC 5951 NW 42ND TER FT LAUDERDALE FL 33319-2759512

Taxpayer Identification Number: 65-1099055

Dear Taxpayer:

Thank you for the inquiry of Aug. 20, 2002.

We accept your election to be treated as an S corporation with an accounting period of Dec. 31, 2002, beginning May 02, 2001. Note: If we examine your return, we will verify that this election is appropriate for your situation.

When you file your business return(s), or if you write to us, please include your employer identification number as shown above.

Your name is now on our mailing list so you will receive the necessary tax forms.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number	()	Hours
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Please keep this letter in your permanent records as proof of acceptance as an S corporation.