

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90948 029 ***150.00

DOCUMENT # P01000046671

1. Entity Name

E. K. LAWN & TREE SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2610 Coldwater Lane

Suite, Apt. #, etc.

3. Mailing Address

2610 Coldwater Lane

Suite, Apt. #, etc.

City & State

North Port, FL 34286

City & State

North Port, FL 34286

Zip

34286

Country

Zip

34286

Country

4. FEI Number

65-1102613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Emanuel Krstec

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

2610 Coldwater Lane

City

North Port

FL

34286

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

P

NAME

Emanuel Krstec

STREET ADDRESS

2610 Coldwater Lane

CITY-ST-ZIP

North Port, FL 34286

TITLE

S

NAME

Natalie Krstec

STREET ADDRESS

2610 Coldwater Lane

CITY-ST-ZIP

North Port, FL 34286

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)