

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90721 028 ***150.00

DOCUMENT #

1. Entity Name

P01000046671

E. K. LAWN & TREE SERVICE, INC.



DO NOT WRITE IN THIS SPACE

90119323

2. Principal Place of Business

2610 Coldwater Lane

Suite, Apt. #, etc.

3. Mailing Address

2610 Coldwater Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Port, FL

City & State

North Port, FL

4. FEI Number

65-1102613

Applied For

Not Applicable

Zip

34286

Country

Zip

34286

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Krstec, Emanuel

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

2610 Coldwater Lane

City

North Port

FL

34286

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Emanuel Krstec
2610 Coldwater Lane
North Port, FL 34286

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Natalie Krstec
2610 Coldwater Lane
North Port, FL 34286

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATALIE Krstec

Date

4-16-2003

Daytime Phone #

CR2E034B (12/02)