

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90282 036 \*\*\*211.25

DOCUMENT # P02000044713

1. Entity Name  
*AMERICAN LAWN AND TREE, INC.*



**DO NOT WRITE IN THIS SPACE**

**90105963**

2. Principal Place of Business  
*8714 Elmwood Lane*

3. Mailing Address  
*8490 W. Hillsborough Ave.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*#216*

City & State  
*Tampa, FL*

City & State  
*Tampa, FL*

4. FEI Number  
*35-2168032*

Applied For

Not Applicable

Zip  
*33615*

Country

Zip  
*33615*

Country

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*Kevin Kremkau*

Street Address (P.O. Box Number is Not Acceptable)  
*8714 Elmwood Lane*

City  
*Tampa*

**FL**

Zip Code  
*33615*

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 *Kevin M. Kremkau* *Kevin M. Kremkau*

*4/18/03*

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  
*PITD  
Kremkau, Kevin M.  
8714 Elmwood Lane  
Tampa, FL 33615*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*SIVAD  
Casper, Cristian S.  
12239 Old Morris Bridge Rd.  
Tampa, FL 33617*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
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: *Kevin M. Kremkau* *Kevin M. Kremkau*

*4/18/03* (813) 887-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)