## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P02000104334

1. Entity Name

SIGNATURE:

EVERGREEN PROFESSIONAL LAWN AND TREE SERVICE, IN C.



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SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 5724 11 STREET EAST 5724 11 STREET EAST **BRADENTON FL 34203** BRADENTON FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For Not Applicable Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, JAVIN 1 Street Address (P.O. Box Number is Not Acceptable) 5724 11 STREET EAST **BRADENTON FL 34203** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 -9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) ☐ Change ☐ Addition TITLE Delete TITLE . MARTIN, CLIFTON NAME NAME 5724 11 STREET EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME MARTIN, CYNTHIA NAME 5724 11 STREET EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITS F Delete Trm F ☐ Addition NAME MARTIN, CYNAREATA NAME STREET ADDRESS 5724 11 STREET EAST STREET ADDRESS BRADENTON FL 34203 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MARTIN, CLIFTON J JR. NAME NAME 5724 11 STREET EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete · TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if