

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041241

Entity Name: UNITED ARBORISTS, INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

6745 NORTH OLD DIXIE HIGHWAY  
FORT PIERCE, FL 34946

## New Principal Place of Business:

4850 ORANGE AVENUE  
FORT PIERCE, FL 34947

## Current Mailing Address:

2061 SW RACQUET CLUB DRIVE  
PALM CITY, FL 34990

## New Mailing Address:

FEI Number: 20-8761636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARRARA, MARK R  
2061 SW RACQUET CLUB DRIVE  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FARRARA, RICHARD A  
Address: 224 HEWITT DRIVE  
City-St-Zip: NORTH BENNINGTON, VT 05257

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: FARRARA, MARK  
Address: 2061 S.W. RAQUET CLUB DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: MGR ( ) Change (X) Addition  
Name: FARRARA, MARK  
Address: 2061 S.W. RAQUET CLUB DRIVE  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK FARRARA

VMGR

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date