

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0334782 AV

**DOCUMENT # P94000041112**

1. Entity Name

**R & R TREE SERVICE, INC.**

03-20-2002 90059 028 \*\*\*150.00

Principal Place of Business

**11122 N. HARMONY LAKES CIR  
 DAVIE FL 33324  
 US**

Mailing Address

**11122 N. HARMONY LAKES CIR  
 DAVIE FL 33324  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0493975**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORBEIL, JEAN-LOUIS  
 11541 S.W. 12TH CT  
 FT. LAUDERDALE FL 33325**

7. Name and Address of New Registered Agent

Name **CORBEIL JEAN-LOUIS**

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

**11122 N. HARMONY LAKES CIR**

City

**DAVIE**

FL

Zip Code

**33324**

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

*JEAN-LOUIS CORBEIL*  
 Signature, typed or printed name of registered agent and title if applicable.

*JEAN-LOUIS CORBEIL President*  
 (NOTE: Registered Agent signature required when reinstating)

*03-06-02*  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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** ☐ Delete  
 NAME **CORBEIL, JEAN-LOUIS**  
 STREET ADDRESS **11122 N. HARMONY LAKES CIR**  
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **U.P** ☐ Change ☒ Addition  
 NAME **SYLVAIN DEMERS**  
 STREET ADDRESS **11551 S.W. 12TH CT**  
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*JEAN-LOUIS CORBEIL*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03-06-02*  
 Date

*954-472-9333*  
 Daytime Phone #

CR2E034 (9/01)