

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041177

1. Entity Name

TREE TOP TREE SERVICE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90069 019 ***150.00

Principal Place of Business

5597 WESTERN WAY
LAKE WORTH FL 33463

Mailing Address

PO BOX 740871
BOYNTON BEACH FL 33471

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0580603**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LLOYD, JERYL
5597 WESTERN WAY
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

Jeryl M. Lloyd

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4-3-01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

P
LLOYD, SCOTT
1066 S.W. 26TH AVENUE
BOYNTON BEACH FL 33426

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

ST
LLOYD, JERYL
1066 S.W. 26TH AVE.
BOYNTON BEACH FL 33426

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

VP
HOYT, CHRISTOPHER
3812 OLD DIXIE HWY., APT. E1
BOYNTON BEACH FL 33426

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

5597 Western Way
Lake Worth, FL. 33463

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

5597 Western Way
Lake Worth, FL. 33463

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

VP
Adalberto Ortiz
5238 Erika Place
Lake Worth, FL. 33463

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE 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

Jeryl M. Lloyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeryl M. Lloyd S/T 4-3-01 561-736-1724

Date

Daytime Phone #

CR2E034 (10/00)