

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052739

1. Entity Name

A BRANCH ABOVE THE REST TREE SERVICE, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90087 038 ***150.00

Principal Place of Business

Mailing Address

11443 N.W. 43 STREET
CORAL SPRINGS FL 33065

11443 N.W. 43 STREET
CORAL SPRINGS FL 33068-4065

2. Principal Place of Business

1010 S.W. 50 AVE

3. Mailing Address

1010 S.W. 50 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

MARGATE FL

4. FEI Number

65-0674108

Applied For

Not Applicable

Zip

33068

Country

U.S.A.

Zip

33068

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BERYL L
11443 N.W. 43 STREET
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

BERYL JOHNSON

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

1010 S.W. 50 AVE

City

MARGATE

FL

Zip Code

33068

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 WEBB, TIMMY L
STREET ADDRESS 11443 N.W. 43 STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE STD ☐ Delete
NAME JOHNSON, BERYL L
STREET ADDRESS 11443 N.W. 43 STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☐ Addition
NAME WEBB, TIMMY L
STREET ADDRESS 1010 S.W. 50 AVE
CITY-ST-ZIP MARGATE, FL. 33068

TITLE STD ☐ Change ☐ Addition
NAME JOHNSON, BERYL L
STREET ADDRESS 1010 S.W. 50 AVE
CITY-ST-ZIP MARGATE, FL. 33068

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

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

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

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:

Beryl Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000

Date

954968-1110

Daytime Phone #

CR2E034 (9/99)