

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091649

1. Entity Name

WINSTON'S LAWN & TREE SERVICE, INC.

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90007 037 ***158.00

Principal Place of Business

Mailing Address

77 NW 135TH STREET
 MIAMI FL 33138

77 NW 135TH STREET
 MIAMI FL 33138

2. Principal Place of Business

5580 NE 4TH CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIA. FL.

City & State

FLORIDA

4. FEI Number

65-0761251

Applied For

Not Applicable

Zip

33137

Country

USA

Zip

33137

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDMAN, WINSTON
 77 NW 135TH STREET
 MIAMI FL 33138

Name

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

City

FL

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

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, 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	PD	<input type="checkbox"/> Delete
NAME	EDMAN, WINSTON	
STREET ADDRESS	77 NW 135TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	T	<input type="checkbox"/> Delete
NAME	DWYER, OVRILL	
STREET ADDRESS	5580 NE 4TH CT, STE #2	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date the Photo is

CR2E034 (10/00)