

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004930

1. Entity Name

UNIQUE TREE AND LAWN, INC.

Principal Place of Business

3224 BAILEY ST
SARASOTA FL 34237

Mailing Address

3224 BAILEY ST
SARASOTA FL 34237

2. Principal Place of Business

2515 49th St

Suite, Apt. #, etc.

3. Mailing Address

2515 49th St

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34234

Country

USA

Zip

34234

Country

USA

6. Name and Address of Current Registered Agent

COLLINS, MARK
3224 BAILEY ST
SARASOTA FL 34237

Address
change
only

7. Name and Address of New Registered Agent

Name

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

2515 49th St

City

Sarasota

FL

Zip Code

34234

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

Mark A. Collins

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 25, 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 ☐ Delete
NAME P
STREET ADDRESS COLLINS, MARK
CITY-ST-ZIP 3224 BAILEY ST
SARASOTA FL 34237

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Collins Mark
STREET ADDRESS 2515 49th St
CITY-ST-ZIP SARASOTA FL 34234

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Mark A. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

941-359-0026

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0413061

CR2E034 (10/00)