

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000033434**

1. Entity Name

MARC'S "AFFORDABLE" TREE & LANDSCAPE SERVICE, IN**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90128 050 ***150.00

Principal Place of Business

Mailing Address

**7997 E. SUNRAY LANE
FLORAL CITY FL 34436****7997 E. SUNRAY LANE
FLORAL CITY FL 34436**

2. Principal Place of Business

1720 NW 38th Ave.

3. Mailing Address

SAHE

Suite, Apt. #, etc.

Lot 60A

Suite, Apt. #, etc.

SAHE

City & State

Ocala Fla.

City & State

SAHE

Zip

34482

Country

FLORIDA

Zip

SAHE

Country

SAHE

4. FEI Number

59-3443934

Applied For

Not Applicable

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

**LANE, ROBERT C JR
400 TOMPKINS STREET
INVERNESS FL 34450-4139**

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

Marc Tessier

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TESSIER, MARC 7997 E. SUNRAY LANE FLORAL CITY FL 34436-2010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANE, ROBERT C JR 400 TOMPKINS STREET INVERNESS FL 34450	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Marc Tessier***MARC Tessier 352-351-4666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)