FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # P97000033434 1. Entity Name 02-21-2002 90161 046 ***150 00 MARC'S "AFFORDABLE" TREE & LANDSCAPE SERVICE, IN C. Principal Place of Business Mailing Address 1720 NW 36TH AVE 1720 NW 36TH AVE LOT 60A LOT 60A OCALA FL 34482 **OCALA FL 34482** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3443934 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANE, ROBERT C JR Street Address (P.O. Box Number is Not Acceptable) **400 TOMPKINS STREET** INVERNESS FL 34450-4139 Zip Code FL 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE PD Change ☐ Addition NAME TESSIER, MARC NAME MARC TESSIER 1720 UN 364 STREET ADDRESS STREET ADDRESS 7997 E. SUNRAY LANE CITY-ST-ZIP CITY-ST-ZIP FLORAL CITY FL 34436-2010 Ocala. FI. TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME LANE, ROBERT C JR STREET ADDRESS STREET ADDRESS **400 TOMPKINS STREET** 117E11.COO' E 01900 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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