2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000041590

1. Entity Name DENVER L. PRYOR TREE & LANDSCAPE, INC. Principal Place of Business Mailing Address

04-04-2003 90112 013 ***150.00

FILED
· 04, 2003 8:00 am
cretary of State

1540 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062			1651 NORTHEAST 32ND PLACE POMPANO BEACH FL 33064								
2. Principal Place of Business			3. Mailing Address						001 11 00 1 0 111 1 1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4 . F	65-0752307	Applied For Not Applicable			
Zip	Col	untry	Zip	try	5. (Certificate of Status Desired		\$8.75 Add Fee Required			
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
PRYOR, DENVER L 1657 NE 32ND PLACE					Name Street Address (P.O. Box Number is Not Acceptable)						
POMPANO BEACH FL 33064					City			FL	Zip Code	e	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fina Trust Fund Contribution			O May Be I to Fees	
10.		OFFICERS AND DI	RECTORS	11.		AD	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	S IN 11	
STREET ADDRESS 1540	OR, DENVE O SOUTH FE	R L EDERAL HIGHWAY CH FL 33062	☐ Delete	4					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	^		☐ Delete ~ _				* 2.4.4 2.4 3		Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	

12. 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 in 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 10 or Block 11 if Victionaged, or on an attachment with an address, with all other like empowered.

SIGNATURE: