

04-23-2002 90425 046 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PG7000066295  
 1. Entity Name:  
GULFSTREAM TREE CARE, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business: <u>SAME</u>		3. Mailing Address: <u>5872 NORTH POINTE LN.</u>		4. FEI Number: <u>65-0772453</u>		Applied For: Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State: <u>BOYNTON BCH, FL.</u>		City & State: <u>BOYNTON BCH, FL.</u>		7. Name and Address of Current Registered Agent		
Zip: <u>33437</u>	Country: <u>U.S.A.</u>	Name: <u>JOHN YREND</u>		Street Address (P.O. Box Number is Not Acceptable): <u>1109 S. CONGRESS AVE</u>		
		City: <u>WEST PALM BCH</u>		State: <u>FL</u>		Zip: <u>33406</u>

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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 both if applicable. (Not if Registered Agent signature required when contesting.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PRES. MARK HAYDEN 5872 NORTH POINTE LN, BOYNTON BCH, FL. 33437</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all of which I am empowered.

SIGNATURE: Mark A. Hayden Date: 4/11/02 (561) 369-8966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)