

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90112 010 ***150.00

DOCUMENT # P98000016917

1. Entity Name

SILER'S TREE EXPERTS, INC.

Principal Place of Business

**14511 SW 297 ST.
 LEISURE CITY FL 33033**

Mailing Address

**14511 SW 297 ST.
 LEISURE CITY FL 33033**

2. Principal Place of Business

23401 SW 162 Ave
 Suite, Apt. #, etc.

3. Mailing Address

23401 SW 162 Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Homestead FL

City & State

Homestead FL

4. FEI Number

59-2455948

Applied For

Not Applicable

Zip

33031

Country

USA

Zip

33031

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SILER, CENDRA J
 14511 SW 297 ST.
 LEISURE CITY FL 33033**

7. Name and Address of New Registered Agent

Name

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

23401 SW 162 Ave

City

Homestead

FL

Zip Code

33031

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

Cendra J. Siler

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, 2002 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 | P | <input type="checkbox"/> Delete |
| NAME | SILER, CENDRA J | |
| STREET ADDRESS | 14511 SW 297 ST | |
| CITY-ST-ZIP | LEISURE CITY FL 33033 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SILER, PAUL R | |
| STREET ADDRESS | 14511 SW 297 ST | |
| CITY-ST-ZIP | LEISURE CITY FL 33033 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 23401 SW 162 Ave | |
| CITY-ST-ZIP | Homestead, FL. 33031 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 23401 SW 162 Ave | |
| CITY-ST-ZIP | Homestead, FL. 33031 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Cendra J. Siler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

305-245-0131

Daytime Phone #

CR2E034 (9/01)