

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019794

1. Entity Name

PLANTATION TREE & LANDSCAPE, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90447 027 \*\*\*150.00

Principal Place of Business

Mailing Address

155 ORLANDO DRIVE  
TAVERNIER FL 33070

P O BOX 1426  
TAVERNIER FL 33070-1426

00078245



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

92329 Overseas Hwy

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavernier, FL

City & State

4. FEI Number

65-0005805

Applied For

Not Applicable

Zip

33070

Country

USA

Zip

Country

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

GAUTIER, JR., JEFF  
155 ORLANDO DRIVE  
TAVERNIER FL 33070

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete  
NAME GAUTIER, JEFF JR  
STREET ADDRESS 155 ORLANDO DRIVE  
CITY-ST-ZIP TAVERNIER FL 33070

TITLE Secretary ☐ Change ☒ Addition  
NAME Tammy Gautier  
STREET ADDRESS 155 Orlando Drive  
CITY-ST-ZIP Tavernier FL 33070

TITLE D ☐ Delete  
NAME GAUTIER, JEFF JR  
STREET ADDRESS 155 ORLANDO DRIVE  
CITY-ST-ZIP TAVERNIER FL 33070

TITLE Vice President ☐ Change ☒ Addition  
NAME Charles Akullian  
STREET ADDRESS 162 Orlando Drive  
CITY-ST-ZIP Tavernier FL 33070

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Signature Required*  
SIGNATURE REQUIRED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)