2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045352

1. Entity Name

TAYLOR'S TREE SERVICE, INC.

FILED Jan 26, 2000 8:00 am Secretary of State

| | | | | 01-26-2000 90095 033 *** | 130.00 |
|---|--|---|--|--|-------------------------------|
| Principal Plac | e of Business | Mailing Address | | _ | |
| 17118 50TH STI LOXAHATCHEE | | 17118 50TH STREET (NORT LOXAHATCHEE FL 33470-3 | | 1 | |
| 2. Principal P | Place of Business | 3. Mailing Address | | | |
| Suite, Apt. | #, etc. | Suite, Apt-#, etc. | | DO NOT WRITE IN THIS S | PACE |
| City & State | e · | City & State | | 4. FEI Number | Applied For |
| · · · · · · · · · · · · · · · · · · · | | | Country | 00-0000430 | \$8.75 Additional |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | Fee Required |
| | 6. Name and Address of Curre | nt Registered Agent | Name | 7. Name and Address of New Registered A | lgent |
| TAYLOR, RUSSELL R 17118 50TH STREET (NORTH) | | Street Address | | s (P.O. Box Number is Not Acceptable) | |
| LOX | AHATCHEE FL 33470-9179 | | <u> </u> | | |
| | | | City | FL | Zip Code |
| 8. The above | named entity submits this statemen | t for the purpose of changing its | registered office or regis | tered agent, or both, in the State of Florida. | |
| SIGNATURE . | | | | | |
| | Signature, typed or printed name of registered ag | | E: Registered Agent signature requ | | |
| Tax filing r | oration is eligible to satisfy its Intanoi requirement and elects to do so. ria on back) | After MAY 1, 20 | 100 Fee will be \$550.0 | Trust Fund Contribution. | \$5.00 May B Added to Fees |
| | | Make Check Payar | ole to Department of S | State | |
| 11. | | ND DIRECTORS | 12. | ADDITIONS/CHANGES TO OFFICERS AND | |
| TITLE NAME STREET ADDRESS CITY-ST-2IP | D TAYLOR, RUSSELL R 17118 50TH STREET (NORTH | ND DIRECTORS Delete | | _ | DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | D TAYLOR, RUSSELL R | ND DIRECTORS Delete | 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP & TITLE NAME STREET ADDRESS | _ | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | D TAYLOR, RUSSELL R 17118 50TH STREET (NORTH | Delete Delete | 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP & TITLE NAME | _ | Change" |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | D TAYLOR, RUSSELL R 17118 50TH STREET (NORTH | Delete Delete Delete Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | _ | Change Change |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | D TAYLOR, RUSSELL R 17118 50TH STREET (NORTH | Delete Delete Delete | 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | _ | Change Change |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or directo 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

