

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90107 008 \*\*\*150.00

**DOCUMENT # P98000082717**

1. Entity Name

**ALL-STATE TREEMNC.**

Principal Place of Business

**1209 NECK ROAD  
PONTE VEDRA FL 32082**

Mailing Address

**1209 NECK ROAD  
PONTE VEDRA FL 32082**

2. Principal Place of Business

**1510 ST. MARKS BLVD., H**

Suite, Apt. #, etc.

3. Mailing Address

**1510 ST. MARKS BLVD., H**

Suite, Apt. #, etc.

City & State

**ST. AUGUSTINE, FL**

Zip  
**32095**

Country

**US**

City & State

**ST. AUGUSTINE, FL**

Zip  
**32095**

Country

**US**

4. FEI Number

**3828122**  
**59-3258122**

Applied For

Not Applicable

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

Name

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

**1510 ST. MARKS BLVD., H**

City

**ST. AUGUSTINE**

FL

Zip Code

**32095**

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 is 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 ☐ Delete  
NAME **P OSBORNE, JEFFREY E**  
STREET ADDRESS **1209 NECK ROAD**  
CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE ☐ Delete  
NAME **VP OSBORNE, KELLI D**  
STREET ADDRESS **1209 NECK ROAD**  
CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**904-829-5567**

CR25M4 (9/01)

Attachment

24711

All State Tree, Inc.

1510 St. Marks Pond Blvd, Lot H  
St. Augustine, Florida 32095

# P98000082717

February 25, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32305-1500

To Whom It May Concern:

When this was received, I noticed that our tax I.D. number was incorrect. I corrected it, but also want to be sure that it is recorded in your records. The correct FET # is 59-3528122

Sincerely,

Kelli Osborne

Kelli Osborne