## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800095732  1. Entity Name  ALL AMERICAN TREE EXPERTS, INC.					Secretary of State 04-24-2002 90341 019 ***150.00			
Principal Plac	ce of Business	Mailing Address						
615 E PILAR STREET		615 E PILAR STREET						
HERNANDO F	FL 34442	HERNANDO FL 34442			( 1000)AB) 150 10101 (00) AB16 00(6 00)	H <b>a</b> (Biai Birk 1 <b>010</b> 1	######################################	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-3542459	1	oplied For	
Zip Country		Zip Country		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current Re	egistered Agent		7.	Name and Address of New Registere	•		
	,		Name					
AMERILAWYER: 343 ALMERIA AVENUE			Street	Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134			City.			- Zin Cod		
			City	City Zip Code				
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.  ria on back)	After May 1, 200 Make Check Payab		\$550.00	10. Election Campaign Financing Trust Fund Contribution.		May Be I to Fees	
11.	OFFICERS AND DI		12.	. AI	DDITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS	PSTD Bremer, Terry W 615 E PILAR STREET	☐ Delete	NAME STREET ADDRESS	5		Change	Addition	
CITY-ST-ZIP TITLE	HERNANDO FL 34442	Delete	CITY-ST-ZIP			☐ Change	Addition	
NAME	BREMER, DUSTY	L Delete	NAME			□ ¢nange		
STREET ADDRESS CITY-ST-ZIP	615 E PILAR STREET		STREET ADDRESS CITY-ST-ZIP	5				
TITLE	HERNANDO FL 34442	☐ Delete	TITLE	<del> </del>		Change	Addition	
NAME~~~~~	<del></del>		-NAME	خصنت · نتـ اج	مريبان ويوجي والمناهدة المراد المالية والمستع	ಕ್ರಮ-		
STREET ADDRESS CITY-ST-ZIP		`	STREET ADDRESS CITY-ST-ZIP	5				
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TITLE	,	☐ Delete	TITLE			☐ Change	☐ Addition	
name Street address			NAME STREET ADDRESS	.			}	
CITY-ST-ZIP			CITY-ST-ZIP	` [			Į	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME STREET ADDRESS	. [				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	` <b>[</b>				
indicated of the cor	Lectrify that the information supplied with the lon this report or supplemental report is triporation or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that me ered to execute this report a	y signature shall	have the same	legal effect as if made under oath; that	t I am an officer	or director	