## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90610 002 \*\*\*150.00

DOCUMENT # P9800096031

1. Entity Name

SUMNER TREES & SERVICES, INC.



				60020149			
100							
	DO NOT WRITE	IN THIS S	<b>FACE</b>		· 17	, \$ · 4 > -, <sub>6</sub>	
2. Principal Pl	According to the state of Business	3. Mailing Address				a set a a	
10208 BERMUDA DR. Suite, Apt. #, etc		10208 BERMUDA DR. Suite. Apt. #, etc.		DO NO	DO NOT WRITE IN THIS SPACE		
City & State COOPER CITY, FL		City & State COOPER CITY, FL		4. FEI Number 65–089	65–0893487 Not Applicable		
Zip		Zip 33026	Country  5. Certificate of Status Desired			88.75 Additional ee Required	
			7. Name and Address of Current Registered Agent				
	milipping proteing protein	y francosom by had	Name SUMNE	R, MARK		4	
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable) 10208 BERMUDA DRIVE				
	in This si	ACELLI	10200	DEKNODA DRIVE	·		
			City			: Zip Code	
		2129 Ab Ab 2246	COOPE	RCITY	<u>FL</u>	33026	
	named entity submits this statement f	or the purpose of changing i	ts registered office or registe	red agent, or both, in the Sta	e of Florida. I am fai	miliar with, and accept	
ing condati	ions of registered again.					- 41	
SIGNATURE .	Signature, typed or printed name or registered agen	Local City of specificants (NE	OTE: Registered Ageni signature require	d when reinstating)	DATE		
Jar	nuary 1 - May 1 Fee is \$150.00	1472-7	The Indiana of Albert Sellinger and an				
	After May 1, Fee is \$550.00 Amended UBR is \$61.25			9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	
	Payable to Florida Department of	f State			Control of the control of the control	open a la la majo disaver e d. deletta	
10.	OFFICERS AND	DIRECTORS	Project Control (Control Control Contr	De la Principal de la Maria de la Calenda de	a Alfrica (d. f. Artadae) 2-ta de ser - Circo de de	erias (n. 1964) Seas de Weller, in Angla	
HITLE NAME	DP SMARK						
STREET ADDRESS	SUMNER, MARK 10208 BERMUDA	RIVE	STHILT ADDRESS		Figure 1		
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CITY-ST-ZIP			On si be				

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12. 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 leport 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 director of the corporation or the receiver of trulines empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with at other tike empowered.

SIGNATURE: \_

MARK SUMNER
AFURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

(954) 392-6156

Daytina Piszae #