

**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 # **P98000096031**

1. Entity Name

SUMNER TREES & SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10208 BERMUDA DR.

Suite, Apt. #, etc

3. Mailing Address

10208 BERMUDA DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

4. FEI Number

65-0893487

Applied For

Not Applicable

Zip

33026

Country

USA

Zip

33026

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SUMNER, MARK

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

10208 BERMUDA DRIVE

City

COOPER CITY

FL

Zip Code
33026

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|--------------|---------------------|-----------------------|
| DP | SUMNER, MARK | 10208 BERMUDA DRIVE | COOPER CITY, FL 33026 |
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**DO NOT WRITE
IN THIS SPACE**

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 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 10 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SUMNER

4/14/03

(954)392-6156

Date

Daytime Phone #

CR2E034B (12/02)