## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 22, 2001 8:00 am Secretary of State DOCUMENT # P98000096046 RAIN FOREST LAWN CARE, LANDSCAPING & TREE SERVIC 03-22-2001 90061 019 \*\*\*150.00 Mailing Address Principal Place of Business 8660 NW 7 COURT PO BOX 291914 **DAVIE FL 33329** PEMBROKE PINES FL 33024 US 2. Principal Place of Business 3. Mailing Address 2801 SW 73 Wa Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. # 1713 Applied For 4. FEI Number City & State City & State 65-0876475 Not Applicable Davic Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WANTUCK, FRANK Street Address (P.O. Box Number is Not Acceptable) 8660 NW 7 COURT PEMBROKE PINES FL 33024 SW City <del>atement for t</del>he purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS PTD ☐ Addition ☐ Change ☐ Delete TITLE TITLE Wantuck Frank NAME WANTUCK, FRANK 20220 NE 12 Ct. STREET ADDRESS STREET ADDRESS 8660 NW 7 COURT North Biani Beach FI 33179 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Addition TITLE ☐ Change ☐ Delete TITLE **VSD** NAME NAME POETSCH, OLIVER STREET ADDRESS STREET ADDRESS 2751 SW 71 TERR CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33314** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP