

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90024 010 ***150.00

DOCUMENT # P98000096046

1. Entity Name

RAIN FOREST LAWN CARE, LANDSCAPING & TREE SERVICE, INC.

Principal Place of Business

**2801 SW 73 WAY
 #1715
 DAVIE FL 33319**

Mailing Address

**PO BOX 291914
 DAVIE FL 33329
 US**

B0047241



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13251 SW 70th

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

4. FEI Number

65-0876475

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POETSCH, OLIVER
 2801 SW 73 WAY
 DAVIE FL 33319**

7. Name and Address of New Registered Agent

Name

Poetsch Oliver

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

13251 SW 70th

City

DAVIE

FL

Zip Code

33325

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]

Oliver Poetsch

3/10/2002

Signature, typed or printed name of registered agent and title if 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	PTD	<input type="checkbox"/> Delete
NAME	WANTUCK, FRANK	
STREET ADDRESS	20220 NE 12 CT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	POETSCH, OLIVER	
STREET ADDRESS	2751 SW 71 TERR	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANTUCK, FRANK	
STREET ADDRESS	505 SE 15th ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Poetsch Oliver	
STREET ADDRESS	13251 SW 70th	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

[Signature] **Oliver Poetsch**

3/10/2002

954-605-3327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)