

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107322

1. Entity Name

WULF TREE SERVICE, INC.

Principal Place of Business

Mailing Address

1730 S FEDERAL HWY, SUITE 159
DELRAY BEACH FL 33483

1730 S FEDERAL HWY, SUITE 159
DELRAY BEACH FL 33483-3309

2. Principal Place of Business

1730 S FEDERAL HWY, PMB 159

3. Mailing Address

1730 S FEDERAL HWY

Suite, Apt. #, etc.

PMB 159

Suite, Apt. #, etc.

PMB 159

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number

05-0888973

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CURRIER, LEWIS W III
5801 NW 87TH WAY
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CALDERON, CAROLINA M
725 SE 4TH AVE
DELRAY BEACH FL 33483

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 807, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90021 042 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)