

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90395 029 ***150.00

DOCUMENT # P99000011590

1. Entity Name

TREE PROTECTION, INC.

Principal Place of Business

**3212 SOUTH OCEAN BOULEVARD
 SUITE 706A
 HIGHLAND BEACH FL 33487**

Mailing Address

**3212 SOUTH OCEAN BOULEVARD
 SUITE 706A
 HIGHLAND BEACH FL 33487**

2. Principal Place of Business

Tree Protection
 Suite, Apt. #, etc. **Suite D**
2021 South Seacrest Blvd.
 City & State **Boynton Beach, FL**

Zip **33435-16835** Country **USA**

3. Mailing Address

Tree Protection, Inc
 Suite, Apt. #, etc. **PO Box 159**
 City & State **Boynton Beach, FL**

Zip **33425** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0912592**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MASTERSON, EDE
 3212 S. OCEAN BLVD.
 SUITE 706A
 HIGHLAND BEACH FL 33487**

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **PSTD** ☐ Delete
 NAME **BENNETT, CATHERINE**
 STREET ADDRESS **3212 SOUTH OCEAN BOULEVARD**
 CITY-ST-ZIP **HIGHLAND FL 33487**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **Bennett, Catherine**
 STREET ADDRESS **PO Box 159**
 CITY-ST-ZIP **Boynton Beach, FL 33425**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01

Date

561 731 5916
570 643 0812

Daytime Phone #

CR2E034 (10/00)