

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032214

1. Entity Name

TODAYS TREE SERVICE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90040 039 ***150.00

Principal Place of Business

8900 SW 107TH AVENUE
SUITE 302
MIAMI FL 33176-1451

Mailing Address

8900 SW 107TH AVENUE
SUITE 302
MIAMI FL 33176-1451

2. Principal Place of Business

3. Mailing Address

7711 S.W. 62 Avenue

7711 SW 62 Avenue

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Miami FL

City & State

Miami FL

Zip

33143

Country

USA

Zip

33143

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0908424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLSON, ROBERT A
8900 SW 107TH AVENUE
SUITE 302
MIAMI FL 33176-1451

7. Name and Address of New Registered Agent

Name

Carlson Robert A

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

7711 SW 62 Avenue

Suite 201

City

Miami

FL

Zip Code

33143

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

Robert A. Carlson

4-2-2000

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS CARLSON, ROBERT
CITY-ST-ZIP 8900 SW 107TH AVENUE, STE 302
MIAMI FL 33176-1451

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Carlson Robert
CITY-ST-ZIP 7711 SW 62 Avenue, STE 201
Miami FL 33143

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

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

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Robert A. Carlson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-2000
Date

(305) 663-2424
Daytime Phone #

CR2E034 (9/99)