

DOCUMENT # P99000040759

1. Entity Name

SECOND TO NONE TREES INC.

Principal Place of Business

1859 N. PINE ISLAND ROAD  
SUITE 279  
PLANTATION FL 33322

Mailing Address

1859 N. PINE ISLAND ROAD  
SUITE 279  
PLANTATION FL 33322-5224

FILED

May 01, 2000 8:00 am

Secretary of State

01-18-2000 90144 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0919677

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUINTA, STEVEN JAMES  
1859 N. PINE ISLAND ROAD  
SUITE 279  
PLANTATION FL 33322

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, 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

P

☐ Delete

NAME

CALDERAZZO, JAMES

STREET ADDRESS

11466 NW 48 COURT

CITY-ST-ZIP

CORAL SPRINGS FL 33076

TITLE

VP

☐ Delete

NAME

GUINTA, STEVEN J

STREET ADDRESS

1859 N. PINE ISLAND ROAD SUITE 279

CITY-ST-ZIP

PLANTATION FL 33322

TITLE

ST

☐ Delete

NAME

ALEXANDER, TONY

STREET ADDRESS

1859 N. PINE ISLAND ROAD SUITE 279

CITY-ST-ZIP

PLANTATION FL 33322

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

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000 954 7969351

Date

Daytime Phone #

CR2E034 (9/99)