

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90320 037 ***150.00

DOCUMENT # P99000045052

1. Entity Name
SUN STATE TREES & PROPERTY MAINTENANCE, INC.



Principal Place of Business
131-B EAST STATE ROAD 434
LONGWOOD FL 32750

Mailing Address
131-B EAST STATE ROAD 434
LONGWOOD FL 32750



2. Principal Place of Business

3. Mailing Address

264 West State Road
Suite, Apt. #, etc.
434

264 West State Road 434
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
Longwood, Florida

City & State
Longwood, Florida

4. FEI Number **59-3578530**

Applied For
Not Applicable

Zip **32750** **Country** **USA**

Zip **32750** **Country** **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELLIS, DOROTHY J
131-B EAST STATE ROAD 434
LONGWOOD FL 32750

Name

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

264 West State Road 434

City **Longwood**

FL

Zip Code **32750**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Dorothy J. Nellis

1/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **O** ☐ **Delete**
NAME **NELLIS, RANDALL A**
STREET ADDRESS **858 WILDMERE AVENUE**
CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE **S** ☐ **Delete**
NAME **NELLIS, DOROTHY J**
STREET ADDRESS **858 WILDMERE AVENUE**
CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy J. Nellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03

Date

Daytime Phone #

407-834-0925

CR2E034 (10/02)