2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000067165 May 18, 2000 8:00 am 1. Entity Name **GUERRA TREE EXPERTS CO.** Secretary of State 05-18-2000 90354 004 ***150.00 Principal Place of Business Mailing Address 1709 FALLS-OF_VENICE CIR - 1709 FALLS OF VENICE CIR VENICE FL 34292-3951 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address 1054 V Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 1012TH NortH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired SARASA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GUERRA, RAMON** O. Box Number is Not Acceptable) 1709 CENTER RD. VENICE FL 34292 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 X (NOTE. Registered Agent signature required when reinstating) - FILE NOW!!!-FEE.IS-\$150.00 -- ** 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition ☐ Delete TITLE RAMON GUERRA NAME 1709 Falls OF Venice Circle NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>34292</u> Addition ☐ Delete ☐ Change TITLE TITLE Martin Mandulano NAME 5412 Darsey St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota TITLE ☐ Delete Bonnie Guerra NAME 1709 Falls OF Venice Circle STREET ADDRESS STREET ADDRESS Venice FI 34292 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ARTURO Guerra 1709 Falls of Venice Circle Venice FI 34292 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.