

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90015-034-\$550.00-\$550.00

DOCUMENT # P99000081059

1. Entity Name

PHASE 4 TREE SPECIALIST, INC.

Principal Place of Business

6408 OLYMPIA AVE.
TAMPA FL 33634

Mailing Address

6408 OLYMPIA AVE.
TAMPA FL 33634

2. Principal Place of Business

6408
CITY OF TAMPA OLYMPIA AVE
Suite, Apt. #, etc.

3. Mailing Address

6408 OLYMPIA AVE
Suite, Apt. #, etc.

City & State

Tampa FL
Zip 33634 Country USA

City & State

Tampa FL
Zip 33634 Country USA

4. FEI Number

593595725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERRIOS, DAVID
6408 OLYMPIA AVE.
TAMPA FL 33634

Name

David Berrios

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

6408 OLYMPIA AVE

City

Tampa

FL

Zip Code

33634

7. Name and Address of New Registered Agent

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/29/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP

D BERRIOS, DAVID
6408 OLYMPIA AVE.
TAMPA FL 33634

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 807, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 OCT -2 PM 4:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2ED034 (5/00)