## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P99000081726 VAN VOORHIS TREE SERVICE & LANDSCAPING, INC. 01-31-2001 90093 043 \*\*\*150.00 Principal Place of Business Mailing Address 4887 CYPRESS DR. SOUTH 4887 CYPRESS DR. SOUTH BOYNTON BEACH FL 33436 **BOYNTON BEACH FL 33436** 2. Principal Place of Business Mailing Address 52 Morvenwoo 152 Morrenwood Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0948122 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAN VOORHIS, PAUL R Address AP.O. Box Number is Not Acteptable) 4887 CYPRESS DR. SOUTH **BOYNTON BEACH FL 33436** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Change ☐ Addition ☐ Delete TITLE TITLE VAN VOORHIS, PAUL R NAME NAME 4887 CYPRESS DRIVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Addition TITLE □ Delete TITLE VAN VOORHIS, SHARON A NAME NAME 4887 CYPRESS DRIVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.