

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083321

1. Entity Name
AMERICAN SHADETREE, INC.

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90030 039 ***150.00

Principal Place of Business
14444 BEACH BLVD. #18-110
JACKSONVILLE BEACH FL 32250

Mailing Address
14444 BEACH BLVD. #18-110
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3600326

Applied For

Not Applicable

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

MCQUAIG, DAVID H ESQ.
5515-3 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VERKERK, HUBERT C
14444 BEACH BLVD. #18-110
JACKSONVILLE BEACH FL 32250

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 21, 2000 (904) 463-3101

Date

Daytime Phone #

CR2E034 (5/00)

Attachment P99000083321
B0104128

AMERICAN SHADETREE, INC.,
14444 BEACH BLVD., SUITE 18-110
JACKSONVILLE, FLORIDA 32250

July 24, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: American ShadeTree, Inc.

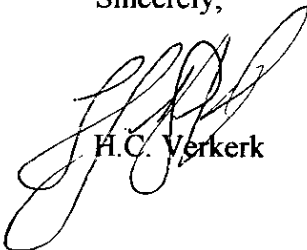
To whom it may concern,

Please find enclosed one completed document # P99000083321 and a check in the amount of \$150.00.

We did not receive the original business report, and discussed this situation by phone with some from your office by name of Kristen who indicated to us that it would be correct to send in the form together with the check for \$150.00

I trust that this meets with your approval. Please do not hesitate to contact me, should you have any questions.

Sincerely,


H.C. Verkerk

HV/hv
encl.

C