

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S25036**

1. Entity Name

ED'S TREES AND PLANTS

FILED

00 JAN 31 PM 12:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**7781 OLYMPIA DR
WEST PALM BEACH, FL
33411**

**7781 OLYMPIA DR
WEST PALM BEACH, FL
33411**

2. Principal Place of Business

7781 OLYMPIA DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

Zip

33411

Country

WPB

Country

4. FEI Number

04 65-0237179

Applied For

Not Applied For

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Renée S. Miller

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

7781 OLYMPIA DR

City

WEST PALM BEACH

FL

Zip Code

33411

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

Renée S. Miller

Renée S. Miller

1/27/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **Sec** ☐ Delete
NAME **EDWARD P MILLER**
STREET ADDRESS **7781 OLYMPIA DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **OWNER** ☐ Delete
NAME **RENEE S MILLER**
STREET ADDRESS **7781 OLYMPIA DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **500003121935--0**
CITY-ST-ZIP **-02/03/00--01014--010**
******150.00 ****150.00**

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

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

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:

Edward P Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

Date

561 712 1920

Daytime Phone #

LS