

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90101 042 \*\*\*150.00

0402396

**DOCUMENT # V17617**

1. Entity Name  
**L & M TREE PLANTING, INC.**

Principal Place of Business Mailing Address  
**RT 1 BOX 255-A PO BOX 945**  
**MONTICELLO FL 32344 MONTICELLO FL 32345**

2. Principal Place of Business 3. Mailing Address  
**165 AUCILLA ROAD Same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **59-3109341** Applied For  
**MONTICELLO, FL** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
**32344 JEFFERSON**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**MCELROY, MITCHELL L** Name  
**RT 1 BOX 255-A** Street Address (P.O. Box Number is Not Acceptable)  
**MONTICELLO FL 32344** 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] DATE 4-3-2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so: ☐ **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCELROY, MITCHELL L</b>		NAME		
STREET ADDRESS	<b>RT 1 BOX 255-A</b>		STREET ADDRESS	<b>165 AUCILLA RD</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>		CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCELROY, LLOYD A.</b>		NAME		
STREET ADDRESS	<b>RT 1 BOX 255-A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MONTICELLO FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [Signature] Date 4-3-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)