

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V17617**

1. Entity Name

**REFORESTATION EXPERTS, INC.**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90169 023 \*\*\*150.00

0035820  
SP

Principal Place of Business

Mailing Address

**165 AUCILLA ROAD  
MONTICELLO FL 32344**

**165 AUCILLA ROAD  
MONTICELLO FL 32344**

2. Principal Place of Business

**9551 NW 115th ST**

Suite, Apt. #, etc.

3. Mailing Address

**9551 NW 115th ST**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Chiefland FL**

Zip  
**32626**

Country  
**USA**

City & State  
**Chiefland, FL**

Zip  
**32626**

Country  
**USA**

4. FEI Number

**59-3109341**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCELROY, C. MILES  
951 N.W. 115TH STREET  
CHIEFLAND FL 32626**

7. Name and Address of New Registered Agent

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 \$150.00  
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCELROY, MITCHELL L</b> <b>165 AUCILLA RD</b> <b>MONTICELLO FL 32344</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCELROY, C. MILES</b> <b>165 AUCILLA ROAD</b> <b>MONTICELLO FL 32344</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MCELROY, MICHELLE B</b> <b>165 AUCILLA ROAD</b> <b>MONTICELLO FL 32344</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>President</b> <b>C. miles mcelroy</b> <b>9551 NW 115th ST</b> <b>Chiefland, FL 32626</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Sec/Treas</b> <b>Michelle mcelroy</b> <b>9551 NW 115th ST</b> <b>Chiefland, FL 32626</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Michelle McElroy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-15-02 352-490-5116**

Date Daytime Phone #

CR2E034 (9/01)