

FILED
May 24, 2002 8:00 am
Secretary of State

04-16-2002 90068 019 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003204

1. Entity Name

DON'S TREE SERVICE, L.L.C.

Principal Place of Business

P.O. BOX 12905
TALLAHASSEE FL 32317

Mailing Address

P.O. BOX 12905
TALLAHASSEE FL 32317

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85812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREWSTER, JAMES R
547 N. MONROE STREET, SUITE 203
TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PUMPHREY, DONALD A SR.
2920 CENTERVILLE ROAD
TALLAHASSEE FL 32308 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP Change Addition

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CITY-ST-ZIP Delete

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CITY-ST-ZIP Change Addition

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CITY-ST-ZIP Delete

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STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Donald A. Pumphrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

3-29-02

Daytime Phone #

222-8733

CR2E083 (9/01)

Attachment
88812

H 20000003204

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A
0716824879

Your Telephone Number (850) 385 - 5303
Best Time to Call anytime
DATE OF THIS NOTICE: 04-13-2000
EMPLOYER IDENTIFICATION NUMBER: 59-3637043
FORM: SS-4

59-3637043

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DONS TREE SERVICE LLC
PUMPHREY SR DONALD A MGR MEM
P O BOX 12905
TALLAHASSEE FL 32317

ROLODEX CORPORATION



REFILL NO. S-30 & S-31
PAT. PENDING