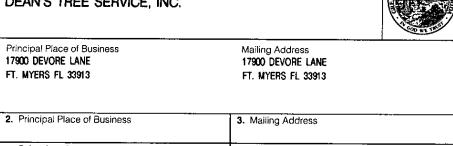
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L73871 **DOCUMENT#**

DEAN'S TREE SERVICE, INC.				
Principal Place of Business	Mailing Address 17900 DEVORE LANE			
FT. MYERS FL 33913	FT. MYERS FL 33913			





Principal Plac 17900 DEVOR FT. MYERS F		17900	Mailing Address 17900 DEVORE LANE FT. MYERS FL 33913								
2. Principal Place of Business		3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	FEI Number 65-0195896	 ,		Applied For	7
Zìp	Country	Zip	Zip Cour			-	Certificate.of,Status,Desired	Z \$	Not Applicable \$8.75 Additional Fee Required		
	6. Name and Address of Curr	ent Register	ed Agent			7.	Name and Address of New Regis			ieu ,	┨
			·	Name							
DESROCH	HERS, LAMAR D				L						╛
	VORE LANE				Street Address (P.O. Box Number is Not Acceptable)						
	S FL 33913						n-27			-	┨
1 1. MILEN											╛
					City			FL	Zip Co	de	١
8. The above	named entity submits this statemer	nt for the purp	ose of changing its r	egister	ed office or regis	stered ag	ent, or both, in the State of Florida	. I am far	niliar with	and accept	1
the obligat	tions of registered agent.										
SIGNATURÊ											
	Signature, typed or printed name of registered as	gent and title if app	blicable. (NOTE:	Registere	d Agent signature requ	uired when re	einstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen	00 t of State					Election Campaign Financi Trust Fund Contribution.	ng 🗆		00 May Be ed to Fees	
10.	OFFICERS A	ND DIRECTO	PRS	11.		ΑD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTOR	RS IN 11	1
TITLE	Р		☐ Delete	TITLE				_	Change	☐ Addition	7 8
NAME	DESROCHERS, LAMAR D			NAM	E						3
STREET ADDRESS	17900 DEVORE LANE				ET ADDRESS						
CITY-ST-ZIP	FT MYERS FL			CITY	-ST-ZIP		, vava				ا ا
ITLE	ST KAREN		☐ Delete	TITLE					☐ Change	Addition	Ì
IAME TREET ADDRESS	DESROCHERS, KAREN 17900 DEVORE LANE			MAM	E Et address						
CITY-ST-ZIP	FT MYERS FL				-ST-ZIP						1
îTLE	T I MILENOTE		Delete	TITLE		•			7 Change	Addition	-
IAME			- Delete	NAME				L	_ Change	Addition	
TREET ADDRESS					ET ADDRESS						
ITY-ST-ZIP				CITY-	ST-ZIP						
ITLE			☐ Delete	TITLE			<u>, , , , , , , , , , , , , , , , , , , </u>		☐ Change	Addition	1
AMÉ				NAME				_			
TREET ADDRESS				STREE	ET ADDRESS						1
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AME				NAME	i						
TREET ADDRESS ITY-ST-ZIP					ET ADDRESS						
					ST-ZIP		wa. ·				1
ITLE AME	l i		☐ Delete	TITLE	I				Change	☐ Addition	
TREET ADDRESS				NAME	T ADDRESS						-
ITY-ST-ZIP					ST-ZIP						
2. Thereby c	ertify that the information supplied v	vith this filing	does not qualify for the			Section 1	119 07(3)(i) Florida Statutes Utieth	er certifu	that the	information	1

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: