

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90208 002 ***150.00

DOCUMENT # **P93000037061**

1. Entity Name
TIM'S TREE SERVICE, INC.



Principal Place of Business
**1220 DONALD ROAD
NORTH FORT MYERS FL 33917
US**

Mailing Address
**1220 DONALD ROAD
NORTH FORT MYERS FL 33917
US**



2. Principal Place of Business
1114 LENOX CT.

3. Mailing Address
1114 LENOX CT

Suite, Apt. #, etc.
CAPE CORAL FLA.

Suite, Apt. #, etc.
CAPE CORAL FLA

City & State
CAPE CORAL FLA.

City & State
CAPE CORAL FLA.

CHECK HERE IF MAKING CHANGES

Zip
33904

Country
LEE

Zip
33904

Country
LEE

4. FEI Number **65-0417596**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS FL 33919**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DIGENNARO, ANTIMO	
STREET ADDRESS	1114 LENOX COURT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIGENNARO, ALENA	
STREET ADDRESS	1220 DONALD RD	
CITY-ST-ZIP	NORTH.FORT-MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **TIM DIGENNARO** PRES. **2-3-03 239-731-3256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)