

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90829 012 ***150.00

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DOCUMENT # P96000102822

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



Principal Place of Business
1041 CHOKECHERRY DR
WINTER SPGS FL 32709
US

Mailing Address
1041 CHOKECHERRY
WINTER SPGS FL 32708
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1041 Chokecherry Dr.
City & State
Winter Springs Fla.
Zip
32708 Country
U.S.

Suite, Apt. #, etc.
1041 Chokecherry Dr.
City & State
Winter Springs Fla.
Zip
32708 Country
U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3416464**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEVIN WILKEY
1041 CHOKE CHERRY DR
1041 CHOKECHERRY DR
WINTER SPGS FL 32708

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 *K. Wilkey*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4-22-03*

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **WILKEY, KEVIN**
STREET ADDRESS **1041 CHOKECHERRY DR**
CITY-ST-ZIP **WINTER SPGS FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Kevin Wilkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)