2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 13, 2000 8:00 am Secretary of State DOCUMENT # **P97000029392** 1. Entity Name BRIDGES BROS. TREE SERVICE, INC. 09-13-2000 90044 019 ***550.00 Mailing Address Principal Place of Business 4712 FRED GEORGE RD P.O. BOX 14979 TALLAHASSEE FL 32303 TALLAHASSEE FL 32317 HU106134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3435867 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONNELL, C.D. Street Address (RD-Box Alberther is Not Acceptable) T. -5001 LAKE FRONT DR 1-3 N-3---TALLAHASSEE FL 32303 ALLAHASSEE 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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition ST Delete TITLE NAME NAME Bridges, Roy W STREET ADDRESS P O BOX 13732 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32317 Change ☐ Addition ☐ Delete TITLE TITLE 1863 RESERVATION TEL BRIDGES, RICHARD K NAME NAME STREET ADDRESS STREET ADDRESS 143 IRON BRIDGE ROAD CITY-ST-ZIP CITY-ST-ZiP HAVANA FL 32333 ☐ Change Addition ☐ Delete TITLE TILE NAME NAME 12. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE □ Defete NAME NAME STREET ADDRESS STREET ADDRESS

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 attantment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF PICKET OR DIRECT

Daytime Phone #