

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830990

1. Entity Name

THE F.A. BARTLETT TREE EXPERT COMPANY

Principal Place of Business

Mailing Address

1290 EAST MAIN STREET
STAMFORD CT 06902

P.O. BOX 3067
STAMFORD CT 06905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DANIELS, GREGORY S
STREET ADDRESS 1290 EAST MAIN STREET
CITY-ST-ZIP STAMFORD CT 06902

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

TITLE CD ☐ Delete
NAME BARTLETT, ROBERT A JR.
STREET ADDRESS 1290 EAST MAIN STREET
CITY-ST-ZIP STAMFORD CT 06902

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

TITLE VD ☐ Delete
NAME HEISINGER, DONALD E JR.
STREET ADDRESS 1290 EAST MAIN STREET
CITY-ST-ZIP STAMFORD CT 06902

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

TITLE VTD ☐ Delete
NAME SIGNORINI, JOHN E
STREET ADDRESS 1290 EAST MAIN STREET
CITY-ST-ZIP STAMFORD CT 06902

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

TITLE D ☐ Delete
NAME KABURECK, GEORGE R
STREET ADDRESS 121 HIGHLAND AVE.
CITY-ST-ZIP ROWAYTON CT 06853

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

TITLE VC ☐ Delete
NAME CIRILLO, NICHOLAS J
STREET ADDRESS 1290 E MAIN STREET
CITY-ST-ZIP STAMFORD CT 06902

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

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 (203)323-1131
Date Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90476 034 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)