2000 UNIFORM BUSINESS REPORT (UBR)

Jan 12, 2000 8:00 am Secretary of State DOCUMENT # 547944 QUALITY TREE SERVICE, INC. 01-12-2000 90085 038 ***158.75 Mailing Address Principal Place of Business C/O EARL C. BETHUNE C/O EARL C. BETHUNE 4615 ENTERPRISE AVE 4615 ENTERPRISE AVE NAPLES FL 34104-7015 NAPLES FL 33942 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1763052 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BETHUNE, EARL C. Street Address (P.O. Box Number is Not Acceptable) 828 ST. CLAIR SHORES ROAD NAPLES FL 33942 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. PD Addition Change ☐ Delete TITLE BETHUNE, EARL C. NAME STREET ADDRESS 828 ST. CLAIR SHS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change Addition TITLE ☐ Delete TITLE. BETHUNE, SHIRLEY A. NAME NAME STREET ADDRESS 828 ST. CLAIR SHS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Addition TĬŤĹĒ" -Delete TITLE BETHUNE, SHIRLEY A. NAME NAME STREET ADDRESS 828 ST. CLAIR SHS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change Addition ☐ Delete TITLE TITLE BETHUNE, EARL C. J. NAME NAME 1121 ST. CLAIR SHORES RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition Delete TITLE TITLE BETHUNE, MARVIN EUGENE NAME NAME 3530 7TH AVE. N.W. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES FL ☐ Addition ☐ Change

13. Thereby 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

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete