

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 547944

1. Entity Name

QUALITY TREE SERVICE, INC.

Principal Place of Business

C/O EARL C. BETHUNE  
4615 ENTERPRISE AVE  
NAPLES FL 33942

Mailing Address

C/O EARL C. BETHUNE  
4615 ENTERPRISE AVE  
NAPLES FL 33942

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1763052

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

BETHUNE, EARL C.  
828 ST. CLAIR SHORES ROAD  
NAPLES FL 33942

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  
NAME BETHUNE, EARL C.  
STREET ADDRESS 828 ST. CLAIR SHS ROAD  
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE VTD  
NAME BETHUNE, SHIRLEY A.  
STREET ADDRESS 828 ST. CLAIR SHS ROAD  
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE S  
NAME BETHUNE, SHIRLEY A.  
STREET ADDRESS 828 ST. CLAIR SHS ROAD  
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE VPD  
NAME BETHUNE, EARL C. J.  
STREET ADDRESS 1121 ST. CLAIR SHORES RD.  
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE VPD  
NAME BETHUNE, MARVIN EUGENE  
STREET ADDRESS 3530 7TH AVE. N.W.  
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Shirley A. Bethune Shirley A. Bethune

1-8-2001

(941) 643-0446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0394927

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90024 022 \*\*\*158.75



DO NOT WRITE IN THIS SPACE