

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807001

1. Entity Name

ASPLUNDH TREE EXPERT CO.

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90008 046 \*\*\*150.00

Principal Place of Business

BLAIR MILL ROAD  
WILLOW GROVE PA 19090

Mailing Address

BLAIR MILL ROAD  
WILLOW GROVE PA 19090

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 23-1277550

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

CT CORPORATION SYSTEM  
1200 S. 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 TS ☐ Delete  
NAME DWYER, JOSEPH P.  
STREET ADDRESS 419 SHOEMAKER WAY  
CITY-ST-ZIP LANSDALE PA

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

TITLE D ☒ Delete  
NAME JOHNS, HYLAND R  
STREET ADDRESS 2500 ALDEN RD  
CITY-ST-ZIP BRYNATHYN PA

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

TITLE D ☐ Delete  
NAME ASPLUNDH, E BOYD  
STREET ADDRESS DALE RD  
CITY-ST-ZIP BRYNATHYN PA

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

TITLE CD ☐ Delete  
NAME ASPLUNDH, JR. C  
STREET ADDRESS 2670 SUGAN ROAD  
CITY-ST-ZIP SOLEBURY PA

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

TITLE D ☐ Delete  
NAME ASPLUNDH, BARR E  
STREET ADDRESS BOX 1568-SKIPPAK PK.  
CITY-ST-ZIP FT. WASHINGTON PA

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

TITLE PD ☐ Delete  
NAME ASPLUNDH, CHRISTOPHER  
STREET ADDRESS 3700 BUCK ROAD  
CITY-ST-ZIP HUNTINGDON VALLEY PA

TITLE CHAIRMAN OF THE BOARD ☒ 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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/01  
SECRETARY-TREASURER

Daytime Phone #

CR2E034 (10/00)