

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90287 031 ***550.00

0147201 AB

DOCUMENT # F94000000529

1. Entity Name

NELSON TREE SERVICE, INC.



Principal Place of Business

**SUITE 205
3300 OFFICE PARK DRIVE
DAYTON OH 45439**

Mailing Address

**SUITE 205
3300 OFFICE PARK DRIVE
DAYTON OH 45439**

2. Principal Place of Business

3. Mailing Address

C/O TAX DEPT 708 BLAIR MILL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WILLOW GROVE PA

4. FEI Number **31-0998373**

Applied For
Not Applicable

Zip

Country

Zip

Country

19090

PA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **BRUMBAUGH, FRED C**
STREET ADDRESS **3300 OFFICE PARK DRIVE, SUITE 205**
CITY-ST-ZIP **DAYTON OH 45439**

TITLE **VP** ☐ Change ☒ Addition
NAME **GRAHAM JR., GEORGE E**
STREET ADDRESS **1820 VALLEY RD**
CITY-ST-ZIP **MEADOWBROOK PA 19046**

TITLE **S** ☒ Delete
NAME **RIGOT, JOSEPH M**
STREET ADDRESS **2000 COURTHOUSE PLAZA NE**
CITY-ST-ZIP **DAYTON OH 45401-8801**

TITLE **SECRETARY-TREASURER** ☐ Change ☒ Addition
NAME **DWYER, JOSEPH P.**
STREET ADDRESS **419 SHOEMAKER WAY**
CITY-ST-ZIP **LANSDALE PA 19446**

TITLE **TSA** ☐ Delete
NAME **JONES, JEFFREY D**
STREET ADDRESS **10 COURTHOUSE PLAZA, S.W., SUITE 1100**
CITY-ST-ZIP **DAYTON OH**

TITLE **EXECUTIVE VP** ☒ Change ☐ Addition
NAME **JONES, JEFFREY D**
STREET ADDRESS **7758 CEDAR FALLS LN.**
CITY-ST-ZIP **WEST CHESTER OH 45069**

TITLE **AVP** ☒ Delete
NAME **BRUMBAUGH, SAMUEL P**
STREET ADDRESS **3300 OFFICE PARK DRIVE**
CITY-ST-ZIP **DAYTON OH**

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

TITLE **CAS** ☒ Delete
NAME **LAUGHMAN, MICHAEL W**
STREET ADDRESS **2605 HIGHLAND VILLAGE LANE**
CITY-ST-ZIP **MIAMISBURG OH**

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

TITLE **VP** ☐ Delete
NAME **NEKOLA, LOU**
STREET ADDRESS **10830 MEADOW TRAIL**
CITY-ST-ZIP **STONGSVILLE OH**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **NEKOLA, LOU**
STREET ADDRESS **10830 MEADOW TR.**
CITY-ST-ZIP **STONGSVILLE OH 44149**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY-TREASURER 07/31/03

Date

Daytime Phone #

CR2E034 (4/03)