

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90248 016 ***150.00

DOCUMENT # F94000001040**1. Entity Name**
UTILITY TREE SERVICE, INC.**Principal Place of Business****708 BLAIR MILL ROAD**
WILLOW GROVE PA 19090**Mailing Address****708 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**23-2737122**

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****C T CORPORATION SYSTEM**
4200 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, 2002 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	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASPLUNDH, CHRISTOPHER B		NAME ASPLUND, SCOTT M	
STREET ADDRESS 708 BLAIR MILL ROAD		STREET ADDRESS 708 BLAIR MILL ROAD	
CITY-ST-ZIP WILLOW GROVE PA		CITY-ST-ZIP WILLOW GROVE, PA 19090	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASPLUNDH, BRENT D		NAME	
STREET ADDRESS 708 BLAIR MILL ROAD		STREET ADDRESS	
CITY-ST-ZIP WILLOW GROVE PA		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASPLUNDH JR, CARL H		NAME	
STREET ADDRESS 708 BLAIR MILL ROAD		STREET ADDRESS	
CITY-ST-ZIP WILLOW GROVE PA		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASPLUNDH, PAUL S		NAME	
STREET ADDRESS 708 BLAIR MILL ROAD		STREET ADDRESS	
CITY-ST-ZIP WILLOW GROVE PA		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASPLUNDH, ROBERT H		NAME	
STREET ADDRESS 708 BLAIR MILL ROAD		STREET ADDRESS	
CITY-ST-ZIP WILLOW GROVE PA		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

JOSEPH P DWYER

Date

Daytime Phone #

CR2E034 (9/01)