

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91400 024 ***150.00

DOCUMENT # F97000001516
 1. Entity Name
TOWNSEND TREE SERVICE CO INC

Principal Place of Business Mailing Address
101 S. MAIN ST **P O BOX 128**
PARKER CITY IN 47368 **PARKER CITY IN 47368-0128**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country
 RANDOLPH **RANDOLPH**

4. FEI Number Applied For
35-1038926 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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	
TITLE P	<input type="checkbox"/> Delete
NAME TOWNSEND, GARY V	
STREET ADDRESS 9211 E. JACKSON ST.	
CITY-ST-ZIP SELMA IN 47383	
TITLE C	<input type="checkbox"/> Delete
NAME TOWNSEND, PHILLIP	
STREET ADDRESS 9211 E. JACKSON ST.	
CITY-ST-ZIP SELMA IN 47383	
TITLE ST	<input type="checkbox"/> Delete
NAME EHRHART, JIM E	
STREET ADDRESS 9211 E. JACKSON ST.	
CITY-ST-ZIP SELMA IN 47383	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS 101 S. MAIN STREET	
CITY-ST-ZIP PARKER CITY, IN 47368	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS 101 S. MAIN STREET	
CITY-ST-ZIP PARKER CITY, IN 47368	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MARK R. KIMBROUGH	
STREET ADDRESS 101 S. MAIN STREET	
CITY-ST-ZIP PARKER CITY, IN 47368	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE: *Mark Kimbrough* Date: **4.26.00** Daytime Phone #: **765-468-3007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)