

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K11185

1. Entity Name

ACTION TREE SERVICE OF CHARLOTTE COUNTY, INC.



**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90010 008 \*\*\*550.00

Principal Place of Business

23380 JANICE AVE  
WHIDDEN IND. PARK  
CHARLOTTE HARBOR FL 33980

Mailing Address

23380 JANICE AVE  
WHIDDEN IND. PARK  
CHARLOTTE HARBOR FL 33980

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAZELTINE, MICHAEL D.  
20456 VANGUARD  
PORT CHARLOTTE FL 33954

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 VP  
NAME HAZELTINE, MICHAEL D.  
STREET ADDRESS 20456 VANGUARD  
CITY-ST-ZIP PORT CHARLOTTE FL



Delete

TITLE DP  
NAME HAZELTINE, STEVEN C.  
STREET ADDRESS 17212 KELLOG AVE  
CITY-ST-ZIP PORT CHARLOTTE FL



Delete

TITLE S  
NAME HAZELTINE, NANCY A.  
STREET ADDRESS 17212 KELLOG AVE  
CITY-ST-ZIP PT CHARLOTTE FL



Delete

TITLE T  
NAME HAZELTINE, REBECCA  
STREET ADDRESS 20456 VANGUARD  
CITY-ST-ZIP PT CHARLOTTE FL



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

TITLE P/D  
NAME HazelTine, Michael D  
STREET ADDRESS 20456 Vanguard Ter.  
CITY-ST-ZIP Port Charlotte, FL 33954



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

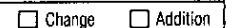


Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

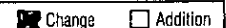


Change



Addition

TITLE T/D/S  
NAME HazelTine, Rebecca  
STREET ADDRESS 20456 Vanguard Ter  
CITY-ST-ZIP Port Charlotte, FL 33954



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

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:

*Michael D. HazelTine* Michael D. HazelTine 7-31-00 1-941-625-7863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)