

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54901

1. Entity Name

CHARLIE'S TREE SERVICE, INC.

Principal Place of Business

9252 NW 80TH AVE
OKEECHOBEE FL 34972

Mailing Address

7568 NW 86TH CT
OKEECHOBEE FL 34972
US

2. Principal Place of Business

3650 SE 36th Ave.

Suite, Apt. #, etc.

3. Mailing Address

3650 SE 36th Ave.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

Zip

34974

Country

Zip

34974

Country

4. FEI Number

59-2925280

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MCCOIN, JAMES WESLEY
7568 NW 86TH CT
OKEECHOBEE FL 34972
34974

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 ~~X~~ PDX ☐ Delete
NAME MCCOIN, BEVERLEY M
STREET ADDRESS 7568 NW 86TH CT
CITY-ST-ZIP OKEECHOBEE FL 34972

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

TITLE DVP ☒ Delete
NAME MCCOIN, MICHAEL W
STREET ADDRESS 9252 NW 80TH AVE
CITY-ST-ZIP OKEECHOBEE FL

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

TITLE STD ☒ Delete
NAME MCCOIN, SONYA
STREET ADDRESS 7568 NW 86TH CT
CITY-ST-ZIP OKEECHOBEE FL 34972

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/P/S ☐ Change ☒ Addition
NAME James W. McCain
STREET ADDRESS 3650 SE 36th Ave.
CITY-ST-ZIP Okeechobee, FL 34974

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James W. McCain

4-20-01

(863) 467-7388

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE