

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90859 025 \*\*\*150.00

**DOCUMENT # L07478**

1. Entity Name

**MID-STATE TREE SERVICE, INC.**

Principal Place of Business

Mailing Address

3075 SILVER STAR ROAD  
 SUITE 217  
 ORLANDO FL 32808  
 US

3075 SILVER STAR RD #205  
 SUITE 217  
 ORLANDO FL 32703-7410  
 US

00000012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

510 Douglas Ave  
 Suite, Apt. #, etc.  
 Suite 1021

510 Douglas Ave  
 Suite, Apt. #, etc.  
 Suite 1021

City & State  
 Altamonte Springs FL  
 Zip  
 32714  
 Country  
 Seminole

City & State  
 Altamonte Springs FL  
 Zip  
 32714  
 Country  
 Seminole

4. FEI Number  
 59-2997018

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

OGDEN, BECKY S.  
 1315 WHEELER RD  
 APOPKA FL 32703

Name  
 Charles D Stirman  
 Street Address (P.O. Box Number is Not Acceptable)  
 1172 Baltic Ln  
 City  
 Winter Springs FL  
 Zip Code  
 32708

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

*Charles D Stirman*

4-29-2K

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P  
 STEPHEN R OGDEN  
 1315 WHEELER RD  
 APOPKA FL 32803 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 President VP S  
 Charles D Stirman  
 1172 Baltic Ln  
 Winter Springs FL 32708 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 V  
 OGDEN, STEPHEN R  
 1315 WHEELER RD  
 APOPKA FL ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 OGDEN, BECKY S  
 1315 WHEELER RD  
 APOPKA FL 32703 ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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:

*Charles D Stirman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-2K

407-997-6091

CFR2E034 (9/99)