

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90134 022 \*\*\*150.00



DOCUMENT # P00000034483

1. Entity Name  
AGGRESSIVE TREE SERVICE, INC.

Principal Place of Business  
~~201 TRIPLET LAKE DR~~  
~~CASSELBERRY FL 32707~~

Mailing Address  
~~201 TRIPLET LAKE DR~~  
~~CASSELBERRY FL 32707~~



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
*326 Robin Hill Dr.*  
Suite, Apt. #, etc.

3. Mailing Address  
*326 Robin Hill Dr.*  
Suite, Apt. #, etc.

City & State  
*Altamonte Springs FL*  
Zip  
*32701*  
Country  
*USA*

City & State  
*Altamonte Springs FL*  
Zip  
*32701*  
Country  
*USA*

4. FEI Number **59-3635776**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRAGER, JAMES E**  
~~201 TRIPLET LAKE DR~~  
~~CASSELBERRY FL 32707~~

7. Name and Address of New Registered Agent

Name  
*SAME CRAGER, JAMES E*  
Street Address (P.O. Box Number is Not Acceptable)  
*326 Robin Hill Drive*  
City  
*Altamonte Springs FL* Zip Code  
*32701*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>CRAGER, JAMES E</b>	
STREET ADDRESS	<del>201 TRIPLET LAKE DR</del>	<i>SEE ADDRESS ABOVE</i>
CITY-ST-ZIP	<del>CASSELBERRY FL 32707</del>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JAMES E. CRAGER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #