

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90119 018 ***150.00

DOCUMENT # P00000093215

1. Entity Name
ALL-OUT TREE SERVICE, INC.



Principal Place of Business
**PO BOX 46
EAGLE LAKE FL 33839**

Mailing Address
**PO BOX 46
EAGLE LAKE FL 33839**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

**HARRIS, JOSEPH C
1344 OLD BARTOW ROAD
LAKE WALES FL 33853**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **HARRIS, JOSEPH C** ☐ Delete
STREET ADDRESS **PO BOX 46**
CITY-ST-ZIP **EAGLE LAKE FL 33839**

TITLE **VD**
NAME **CHRISTOPHER GILL** ☒ Change ☐ Addition
STREET ADDRESS **P.O. BOX 46**
CITY-ST-ZIP **EAGLE LAKE FL 33839**

TITLE **VD**
NAME **BADEN, TROY** ☒ Delete
STREET ADDRESS **PO BOX 46**
CITY-ST-ZIP **EAGLE LAKE FL 33839**

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/03
Date

863-676-5146
Daytime Phone #

CR2E034 (10/02)