Apr 07, 2002 8:00 am ____ Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P01000098948 1. Entity Name 02-12-2002 90112 029 ***150.00 A PROFESSIONAL TREE SERVICE, INC. Principal Place of Business Mailing Address **& 1 1 U 1** 2000 WEST MAXWELL ST. P.O. BOX 12731 PENSACOLA FL 32501 PENSACOLA FL 32575 3. Mailing Address 2. Principal Place of Business <u>P.O.Box 1273/</u> 2000 W. MAXWEL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 593691427 PENSACOLA, ! PENSACOLA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ESCAMBIA Fee Required ESCAMBIA 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name WATSON, EDMOND JR. Street Address (P.O. Box Number is Not Acceptable) 2000 WEST MAXWELL ST. PENSACOLA FL 32501 City 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature regulred when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS President ■ Addition (<u>6</u> TITLE Delete TITLE ☐ Change Edmond Watson Jr. 2000 W. MUXWEII St. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP <u>Pensacola Fl 32501</u> CITY-ST-7IP vice President Frances watson Change TITLE ☐ Delate ппе ☐ Addition NAME NAME 2000 W. MAXWell St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Shahid Abdul Gaines ☐ Change ☐ Addition □ Delete NAME NAME 2000 W.Maxwell Sta STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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: _

FILED