

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-25-2003 90140 039 ***150.00

DOCUMENT # P01000098948

1. Entity Name
A PROFESSIONAL TREE SERVICE, INC.



Principal Place of Business
**2000 WEST MAXWELL ST.
PENSACOLA FL 32501**

Mailing Address
**P.O. BOX 12731
PENSACOLA FL 32575**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2000 W. MAXWELL ST.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 12731
Suite, Apt. #, etc.

City & State
PENSACOLA, FL
Zip
32501

City & State
PENSACOLA, FL
Zip
32591

4. FEI Number
59-3691427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WATSON, EDMOND JR.
2000 WEST MAXWELL ST.
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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

TITLE
P
NAME
WATSON JR, EDMOND
STREET ADDRESS
2000 W MAXWELL SR
CITY-ST-ZIP
PENSACOLA FL 32501

☐ Delete

TITLE
VP
NAME
WATSON, FRANCES
STREET ADDRESS
2000 W MAXWELL ST
CITY-ST-ZIP
PENSACOLA FL 32501

☐ Delete

TITLE
AVP
NAME
GAINES, SHAHID ABDUL
STREET ADDRESS
2000 W MAXWELL ST
CITY-ST-ZIP
PENSACOLA FL 32501

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

EDMOND WATSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/21/03 850-469-0381

CR2E034 (10/02)