

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90414 049 ***150.00

DOCUMENT # P02000017752

1. Entity Name
AERIAL TREE SERVICE, INC.



Principal Place of Business
1453 SOLAR DR.
HOLIDAY FL 34691

Mailing Address
1453 SOLAR DR.
HOLIDAY FL 34691



2. Principal Place of Business
1453 SOLAR DR.

3. Mailing Address
1453 SOLAR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WAKESVILLE TN

City & State
WAKESVILLE TN

4. FEI Number **37-1420680**

Applied For
Not Applicable

Zip **37187** **Country** **USA**

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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

RAGO, JOHN V
1453 SOLAR DR.
HOLIDAY FL 34691

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PV** ☐ **Delete**
NAME **RAGO, VICKIE D**
STREET ADDRESS **1453 SOLAR DR.**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **Michael Burden**
STREET ADDRESS **1453 SOLAR DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **STD** ☐ **Delete**
NAME **RAGO, JOHN V**
STREET ADDRESS **1453 SOLAR DR.**
CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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)(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 (NOT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

APR 10, 2003 **727**
215-8517

Date **Daytime Phone #**

CR2E034 (10/02)