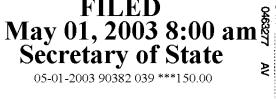
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000048458 **DOCUMENT #** 1. Entity Name STEWART TREE SERVICE, INC.



				NE TRES				
Principal Place of Business 8503 N. TEMPLE AVENUE TAMPA FL 33617		Mailing Address 8503 N. TEMPLE AVENUE TAMPA FL 33617	:					
2. Principal Place of Business		3. Mailing Address			(AF 02101 F021 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	FEI Number 30 - 0020810		Applied For Not Applicable]
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 A		
i	6. Name and Address of Curren	t Registered Agent		7.	Name and Address of New Registered	Agent		1
PIOUS LIA	ma:		Name	, ,	and the second of the second o	* ; •• ,	,	
	rold s sr. Temple avenue		Street A	Address (P.O. E	Box Number is Not Acceptable)			1
TAMPA FI			ļ					┨
IAMEA EL			-			1 - 0		-
	트,		City		F	L Zip Co	de	
	named entity submits this statement toons of registered agent.	or the purpose of changing its	registered office o	r registered ag	ent, or both, in the State of Florida. I an	n familiar with	i, and accept	
ino objugat	to togistic od agoriti		-					
SIGNATURE :	Signature, typed or printed name of registered ager	t and title if applicable. (NOTI	E: Registered Agent signal	ture required when r	einstating) DATE			1
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department				Election Campaign Financing Trust Fund Contribution.	\$ 5. □ Adde	00 May Be ed to Fees	
	OFFICERS AND		11.	A[DDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 11	1
TITLE NAME	P							18
STREET ADDRESS CITY-ST-ZIP	FISH, HAROLD S SR. 8503 N. TEMPLE AVENUE TAMPA FL 33617	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		filipley red	☐ Change	☐ Addition	F034 (10/02)
	8503 N. TEMPLE AVENUE	□ Delete	NAME STREET ADDRESS		Fridey Rd	☐ Change	- -	CR2E034 (10/0
CITY-ST-ZIP TITLE NAME STREET ADDRESS	8503 N. TEMPLE AVENUE		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		pipied Kd		☐ Addition	CB2E034 (10/0
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	8503 N. TEMPLE AVENUE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Friday Rd	☐ Change	Addition	CB2E034 (10/0
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	8503 N. TEMPLE AVENUE	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Friday Kd	Change	Addition Addition	CB2E034 (10)(
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME	8503 N. TEMPLE AVENUE TAMPA FL 33617	☐ Delete ☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		pipien red	☐ Change	Addition Addition	CR2F034 (10/0

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 eath; 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

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP