

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000080985 1. Entity Name LEE'S TREE SERVICE, INC.			90134934
Principal Place of Business 6117 26TH AVENUE N ST. PETERSBURG, FL 33710		Mailing Address 6117 26TH AVENUE N ST. PETERSBURG, FL 33710	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 11-3644145		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RINKER, KEITH L 6117 26TH AVENUE N ST. PETERSBURG, FL 33710		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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary)</small>			
FILE NOW WITH FEE IS \$150.00 Starting May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINKER, KEITH L 6117 26TH AVENUE N ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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 empowers.			
SIGNATURE: <i>Keith L. Rinker</i> 5/12/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

KEITH L. RINKER, PRES

CORREC34 (1/01/02)

Attachment

90134934

PO20000080985

LEE;S TREE SERVICE, INC.
6117 26TH AVENUE N.
ST.PETERSBURG, FL. 33710

MAY 12, 2003

TO WHOM IT MAY CONCERN:

THIS IS MY FIRST RENEWAL OF THE UNIFORM BUSINESS REPORT AND I DID NOT RECEIVE THE FORM IN THE MAIL. I JUST FOUND OUT I WAS SUPPOSED TO DO THIS AND HAVE DOWNLOADED THE FORM. I AM ENCLOSING THE FORM AND CHECK FOR THE FILING FEE AND HOPE YOU WILL WAIVE THE PENALTY SINCE I DID NOT RECEIVE IT AND IT WAS MY FIRST YEAR AND WASN'T AWARE OF WHAT WAS EXPECTED.

SINCERELY,

Keith L. Rinker

KEITH L. RINKER, PRESIDENT