

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

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # *P03000150590*

1. Entity Name

*Affordable Tree Surgeons*



04-26-2004 91120 001 \*\*\*\*\*5.00  
04-26-2004 91120 002 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1819 marilyn Dr*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*N. Ft Myers Fla*

City & State

4. FEI Number

*04 3782532*

Applied For

Not Applicable

Zip

*33917*

Country

*USA*

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Diane Marie McCain*

Street Address (P.O. Box Number is Not Acceptable)

*1819 marilyn Dr*

City

*N. Ft Myers*

FL

Zip Code

*33917*

**DO NOT WRITE  
IN THIS SPACE**

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

*Diane Marie McCain*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

STATE

*Feb 19, 04*

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: *President*  
NAME: *Diane Marie McCain*  
STREET ADDRESS: *1819 marilyn Dr*  
CITY-ST-ZIP: *N. Ft Myers Fla 33917*

TITLE: *Vice President*  
NAME: *Roger Keith Strickland Jr*  
STREET ADDRESS: *9341 Rabbit Hollow trail*  
CITY-ST-ZIP: *N. Ft Myers Fla 33903*

TITLE: *President*  
NAME: *Diane Marie McCain*  
STREET ADDRESS: *1819 marilyn Dr*  
CITY-ST-ZIP: *N. Ft Myers Fla 33917*

TITLE: *Vice President*  
NAME: *Roger Keith Strickland Jr*  
STREET ADDRESS: *9341 Rabbit Hollow trail*  
CITY-ST-ZIP: *N. Ft Myers Fla 33903*

TITLE:   
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Diane McCain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/19/04 239-656-4717*

Date

Daytime Phone #

CR2E034B (12/02)