

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011903

1. Entity Name

WALCHLE'S WEST COAST TREE SERVICE, INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90057 031 \*\*\*550.00

Principal Place of Business

515 SANDLOR DRIVE  
ENGLEWOOD FL 34223

Mailing Address

515 SANDLOR DRIVE  
ENGLEWOOD FL 34223  
US

2. Principal Place of Business

515 SANDLOR DR.

3. Mailing Address

515 SANDLOR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

00081819



DO NOT WRITE IN THIS SPACE

City & State

Englewood FL

City & State

Englewood FL

4. FEI Number

65-0368292

Applied For

Not Applicable

Zip

34223

Country

USA

Zip

34223

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALCHLE, MARGARET  
515 SANDLOR DRIVE  
ENGLEWOOD FL 34225

7. Name and Address of New Registered Agent

Name

WALCHLE DARRELL

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

515 SANDLOR DR.

City

Englewood FL

FL

Zip Code

34223

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.

SIGNATURE Darrell Walchle

Margaret Walchle

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WALCHLE, DARRELL J	
STREET ADDRESS	515 SANDLOR DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WALCHE, MARGARET	
STREET ADDRESS	515 SANDLOR DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALCHLE, DARRELL J JR.	
STREET ADDRESS	575 SANDLOR DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Darrell Walchle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-00

Date

Daytime Phone #

CR2E034 (5/00)