

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000014643

**FILED**  
**Oct 14, 2014**  
**Secretary of State**

**Entity Name:** J.A. WEAVER'S JAWS TREE SERVICE, INC.

**Current Principal Place of Business:**

4207 W BAY VIEW AVE  
TAMPA, FL 33611 US

**New Principal Place of Business:**

1920 OCEANVIEW PLACE  
TAMPA, FL 33605 US

**Current Mailing Address:**

P.O. BOX 130175  
TAMPA, FL 336810175 US

**New Mailing Address:**

**FEI Number:** 59-3164854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEAVER, JAMES A  
4207 W BAY VIEW AVE  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

WEAVER, JAMES A  
4111 W. EUCLID AVENUE  
TAMPA, FL 33629 US

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: JAMES A WEAVER

10/14/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WEAVER, JAMES A  
Address: 4111 W. EUCLID AVENUE  
City-St-Zip: TAMPA, FL 33629

Title: T  
Name: WEAVER, DEBORAH D  
Address: 4111 W. EUCLID AVENUE  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES A WEAVER

PRES

10/14/2014

Electronic Signature of Signing Officer or Director

Date