

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020091

1. Entity Name
MCWHORTER TREE SERVICE, INC.



34804 ESTES RD
EUSTIS FL 32736
US

34804 ESTES RD
EUSTIS FL 32736
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

4. FEI Number

☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MCWHORTER, DANIEL C.	
STREET ADDRESS	34804 ESTES ROAD	
CITY-ST-ZIP	EUSTIS FL	

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

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

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

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

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

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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

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

SIGNATURE: X Don C. McWhorter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ED NAME OF SIGNING OFFICER OR DIRECTOR
DAN C. McWHORTER

1-7-03

Date _____

352-357-6697

Daytime Phone # _____

CR2E034 (10/02)