## 2003 FOR PROFIT CORPORATION

## FILED May 01, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** P94000042448 DOCUMENT # 05-01-2003 90383 012 \*\*\*150 00 1. Entity Name TOP GUN TREE SERVICE, INC. Principal Place of Business Mailing Address 10915 U.S. HWY 92 E P.O. BOX 17202 TAMPA FL 33682 SEFFNER FL 33584 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3253702 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BRUST, JANICE** Street Address (P.O. Box Number is Not Acceptable) 10915 U.S. HWY 92 E. SEFFNER FL 33584 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PS0 ☐ Delete TITI F ☐ Change ☐ Addition BRUST, JANICE NAME NAME 10915 U.S. HWY 92 E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEFFNER FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BRUST, SCOTT NAME

10915 U.S. HWY 92 E STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P seffner fl TITLE . Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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: