

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000230

1. Entity Name

PINELLAS TREE SERVICE, INC.

FILED

Feb 21, 2000 8:00 am  
Secretary of State

02-21-2000 90031 037 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5476 97TH WAY NORTH~~  
~~ST. PETERSBURG FL 33708~~

~~5476 97TH WAY NORTH~~  
~~ST. PETERSBURG FL 33777-4524~~

2. Principal Place of Business

3. Mailing Address

12341-49th St. N.  
Suite, Apt. #, etc.

12341-49th St. N.  
Suite, Apt. #, etc.

City & State

Clearwater, FL.

City & State

Clearwater, FL.

4. FEI Number

59-3429655

Applied For

Not Applicable

Zip

34622

Country

Pinellas

Zip

34622

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILBUR, JON M

~~5476 97TH WAY NORTH~~

~~ST. PETERSBURG FL 33708~~

Name

Wilbur, Jon, M.

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

6896- Augusta Blvd.

City

Seminole

FL

Zip Code

33777

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

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

(President)

(NOTE: Registered Agent signature required when reinstating)

2-10-00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME WILBUR, JON M  
STREET ADDRESS 5476 97TH WAY NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33708 ☐ Delete

TITLE  
NAME Wilbur, Jon, M. ☒ Change ☐ Addition  
STREET ADDRESS 6896- Augusta Blvd.  
CITY-ST-ZIP Seminole, FL. 33777

TITLE DV  
NAME HILBERT, ANTHONY J  
STREET ADDRESS 1031 30TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ Delete

TITLE  
NAME Hilbert, Anthony J ☒ Change ☐ Addition  
STREET ADDRESS 1484-47 Ave. N.E.  
CITY-ST-ZIP St. Petersburg, FL. 33703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00

DATE

(727) 399-5858

Daytime Phone #

CR2E034 (9/99)