

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90049 043 ***150.00

DOCUMENT # P97000000230

1. Entity Name
PINELLAS TREE SERVICE, INC.



Principal Place of Business
**12341-49TH ST N
CLEARWATER FL 34622**

Mailing Address
**12341-49TH ST N
CLEARWATER FL 34622**

22004957



2. Principal Place of Business
12341-49TH ST N
Suite, Apt. #, etc.

3. Mailing Address
12341-49TH ST N
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Clearwater FL

City & State
Clearwater FL

4. FEI Number **59-3429655**

Applied For
Not Applicable

Zip Country
33762-4309 Pinellas

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33762-4309 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

**DENHARDT, JAMES W
2700 1ST AVENUE NORTH
SAINT PETERSBURG FL 33713**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP WILBUR, JON M**
STREET ADDRESS **6896 AUGUSTA BLVD**
CITY-ST-ZIP **SEMINOLE FL 33777**

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

TITLE ☐ Delete
NAME **DV HILBERT, ANTHONY J**
STREET ADDRESS **1484-47 AVE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Jon M. Wilbur* **Jon M. Wilbur** president 2-2-03 (727) 592-9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)