

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90107 017 ***150.00

A006238A

DO NOT WRITE IN THIS SPACE

DOCUMENT # **997000029392** ✓
 1. Entity Name

BRIDGES BROS. TREE SERVICE INC

Principal Place of Business Mailing Address
1138 E Tennessee St PO Box 14979
Tallahassee FL 32308 Tallahassee FL 32317

2. Principal Place of Business 3. Mailing Address
1138 E Tennessee St P.O. Box 14979
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee FL Tallahassee FL
 Zip Country Zip Country
32308 USA 32317 USA

4. FEI Number Applied For
59-3435867 Not Applicable

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

Name **C. D. CONNELL**
 Street Address (P.O. Box Number is Not Acceptable)
1138 E Tennessee St
 City **Tallahassee** FL Zip Code **32308**

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 **C D Connell**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 **Pres** ☐ Delete
 NAME **Richard K Bridges**
 STREET ADDRESS **PO Box 14979**
 CITY-ST-ZIP **Tallahassee FL 32317**

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

TITLE **ST** ☐ Delete
 NAME **C D Connell**
 STREET ADDRESS **1138 E Tennessee St**
 CITY-ST-ZIP **Tallahassee FL 32308**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: **C D Connell**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 **850 562 8053**
 Date Daytime Phone #

CR2E034 (11/00)