

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90143 003 ***150.00

DOCUMENT # P97000029392

1. Entity Name

BRIDGES BROS. TREE SERVICE, INC.

Principal Place of Business

**1138 E TENNESSEE STREET
TALLAHASSEE FL 32308**

Mailing Address

**PO BOX 14979
TALLAHASSEE FL 32317
US**

2. Principal Place of Business

1863 RESERVATION TRL

3. Mailing Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-3435867

Applied For

☐ Not Applicable

Zip

32303

Country

LEON

Zip

32303

Country

US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CONNELL, C.D.
1138 E. TENNESSE ST
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name **R. K. BRIDGES**
Street Address (P.O. Box Number is Not Acceptable)
1863 RESERVATION TRL
City **TALLAHASSEE** FL **32303**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/02

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, 2002 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

TITLE **P** ☐ Delete
NAME **BRIDGES, RICHARD K**
STREET ADDRESS **PO BOX 14979**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE **ST** ☒ Delete
NAME **CONNELL, C D**
STREET ADDRESS **1138 E TENNESSEE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 8503863636
Date Daytime Phone #

CR2E034 (9/01)