

DOCUMENT # P98000000384
1. Entity Name
ISLAND TREE SERVICES, INC.

Principal Place of Business
267 N. COLLIER BLVD.
#201
MARCO ISLAND FL 34145

2. Principal Place of Business
Suite, Apt. #, etc.
11680 Riggs Rd.
City & State
Naples, FL
Zip
34114

3. Mailing Address
P.O. BOX 132
MARCO ISLAND FL 34146

6. Name and Address of Current Registered Agent
BURCH, MICHAEL A
1015 ANGLERS COVE BLDG. G #205
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent
Name
Michael A. Burch
Street Address (P.O. Box Number is Not Acceptable)
11680 Riggs Rd.
City
Naples
FL
Zip Code
34114

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

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
TITLE P
NAME Burch, Michael
STREET ADDRESS 96 ISLE DRIVE ST. THOMAS
CITY-ST-ZIP NAPLES FL 34114
TITLE S#1
NAME Burch, Christopher M
STREET ADDRESS 2162 41ST ST. SW APT. B
CITY-ST-ZIP NAPLES FL 34116

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE Change
NAME Burch, Michael
STREET ADDRESS 11680 Riggs Rd.
CITY-ST-ZIP NAPLES, FL 34114
TITLE Change
NAME Burch, Christopher M
STREET ADDRESS 2162 41ST ST. SW APT. B
CITY-ST-ZIP NAPLES, FL 34116
TITLE Change
NAME Burch, Diana L.
STREET ADDRESS 11680 Riggs Rd.
CITY-ST-ZIP NAPLES, FL 34114

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.

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90005 013 ***150.00



DO NOT WRITE IN THIS SPACE

SIGNATURE: Diana L. Burch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-3-01
Daytime Phone # 941 774-4477

CR2E034 (10/00)