

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005660

1. Entity Name

DON ESTLUND'S TREE SERVICE, INC.

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90043 022 ***158.75

Principal Place of Business

3271 SHAMROCK DR
VENICE FL 34293

Mailing Address

3271 SHAMROCK DR
VENICE FL 34293

2. Principal Place of Business

1716 Fossil DR

3. Mailing Address

same 1716 Fossil DR

Suite, Apt. #, etc.

Englewood

Suite, Apt. #, etc.

Englewood FL

City & State

FL

City & State

Zip

34223

Country

USA

Zip

34223

Country

USA

4. FEI Number

59-3550458

Applied For

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

ESTLUND, DON
3271 SHAMROCK DR
VENICE FL 34293

Name

DONALD R ESTLUND

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

1716 Fossil DR

City Englewood

FL

Zip Code

34223

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

(President) Don Estlund

(NOTE: Registered Agent signature required when reinstating)

DATE

16 April

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 P
NAME ESTLUND, DON
STREET ADDRESS 3271 SHAMROCK DR
CITY-ST-ZIP VENICE FL 34293

TITLE
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CITY-ST-ZIP

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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)(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: as President Don Estlund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

16 April

Daytime Phone #

941-468-7517

CR2E034 (10/00)