

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030886

1. Entity Name

C. D. TREE SERVICE, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90859 045 ***150.00

Principal Place of Business

Mailing Address

647 MARLIN ROAD
WINTER SPRINGS FL 32708

647 MARLIN ROAD
WINTER SPRINGS FL 32708-3144

2. Principal Place of Business

510 Douglas Ave

3. Mailing Address

510 Douglas Ave

Suite, Apt. #, etc.

Suite 1021

Suite, Apt. #, etc.

Suite 1021

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32714

Country

Seminole

Zip

32714

Country

Seminole

4. FEI Number

59-3439586

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

STIRMAN, CHARLES D
647 MARLIN ROAD
WINTER SPRINGS FL 32708

Name Charles O Stirman

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

1172 Baltic Ln

City Winter Springs

FL

Zip Code

32708

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, 2000 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 PSTD
NAME STIRMAN, CHARLES D
STREET ADDRESS 647 MARLIN ROAD
CITY-ST-ZIP WINTER SPRINGS FL 32708

☐ Delete

TITLE PSTD
NAME Stirman, Charles O
STREET ADDRESS 1172 Baltic Ln
CITY-ST-ZIP Winter Springs FL 32708

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-00

407-772-1130

CT 1/4 1999