

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0628773
AT

DOCUMENT # P99000058803

1. Entity Name
~~JAMES EVANS TREE SURGEONS & STUMP GRINDING, INC.~~
James Evans Tree Surgeons, Inc.



FILED
03 JUN 26 PM 12:41

Principal Place of Business
9211 MAX-MIDDLEBURG RD.
BALDWIN FL 32234

Mailing Address
9211 MAX-MIDDLEBURG RD.
BALDWIN FL 32234



2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State

Zip Country

Company Name Change - only

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3586613

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, NORA M
9211 MAX-MIDDLEBURG RD.
BALDWIN FL 32234

7. Name and Address of New Registered Agent

Name *N/A*

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nora M. Evans* *Vice President* *4-22-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EVANS, JAMES C PRES.	
STREET ADDRESS	9211 MAX-MIDDLEBURG RD.	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EVANS, NORA M V-PRES.	
STREET ADDRESS	9211 MAX-MIDDLEBURG RD.	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

700021158747
06/26/03---01016---025 **150.00

[Signature]

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nora M. Evans* *4-22-03* *289-7981*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)