

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V02126

1. Corporation Name

PHILS EXPERT TREE SERVICE, INC.

Principal Place of Business

**5353 JOHNSON ROAD
COCONUT CREEK FL 33073
US**

Mailing Address

**P.O. BOX 970548
COCONUT CREEK FL 33097
US**

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90231 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1991

4. FEI Number

65-0305806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SIMEONE, PHILIP
550 N.W. 44TH TERRACE
APT. 204
DEERFIELD FL 33432**

10. Name and Address of New Registered Agent

81 Name

SIMEONE, PHILIP

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

339 COTTONWOOD LANE

83

84 City

Boca Raton

FL

85 Zip Code

33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☒ DELETE

TITLE **PD**
NAME **SIMEONE, PHILIP**
STREET ADDRESS **711 RIVERSIDE DRIVE APT. 1410**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **S** ☒ DELETE

NAME **SIMEONE, CHARLOTTE**
STREET ADDRESS **3301 SPANISH MOSS TERRACE**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **SIMEONE, PHILIP**

1.3 STREET ADDRESS **339 COTTONWOOD LANE**

1.4 CITY-ST-ZIP **BOCA RATON, FL 33487**

2.1 TITLE **S** ☒ Change ☐ Addition

2.2 NAME **SIMEONE, CHARLOTTE**

2.3 STREET ADDRESS **711 RIVERSIDE DRIVE APT#1410**

2.4 CITY-ST-ZIP **CORAL SPRINGS, FL ##) & !** ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip Simeone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

Daytime Phone #

CR2E034 (11/98)