

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90105 028 ***150.00

DOCUMENT # V02126

1. Entity Name

PHILS EXPERT TREE SERVICE, INC.

Principal Place of Business

Mailing Address

4201 NW 71ST STREET
COCONUT CREEK FL 33073
US

P.O. BOX 970548
COCONUT CREEK FL 33097
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0305806**

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

SIMEONE, PHILIP
3259 CLINT MOORE RD
BOCA RATON FL 33486

Name

SIMEONE, PHILIP

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

6219 NW 79TH WAY

City

PARKLAND

FL

Zip Code

33067

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SIMEONE, PHILIP**
STREET ADDRESS **3259 CLINT MOORE RD., APT 206**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **PD** ☐ Change ☐ Addition
NAME **SIMEONE, PHILIP**
STREET ADDRESS **6219 NW 79th WAY**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE **S** ☐ Delete
NAME **SIMEONE, CHARLOTTE**
STREET ADDRESS **711 RIVERSIDE DRIVE, APT. 1410**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

Charlotte Simeone, Sec'y
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

Date

954 757-1051

Daytime Phone #

CR2E034 (10/00)