## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 830990** 

Entity Name: THE F.A. BARTLETT TREE EXPERT COMPANY

1290 EAST MAIN STREET STAMFORD, CT 06902

**Current Principal Place of Business:** 

**FILED** Jan 06, 2023 **Secretary of State** 8182007146CC

## **Current Mailing Address:**

P.O. BOX 3067

STAMFORD, CT 06905

FEI Number: 06-0254490 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title	PD	Title	CD

INGRAM, JAMES B BARTLETT, ROBERT A JR. Name Name 1290 EAST MAIN STREET 1290 EAST MAIN STREET Address Address City-State-Zip: STAMFORD CT 06902 STAMFORD CT 06902 City-State-Zip:

Title **SECRETARY** Title **TREASURER** Name KIJEK, CAROL A Name DONNELLY, CAROL J

Address 1290 EAST MAIN STREET Address 1290 EAST MAIN STREET STAMFORD CT 06902 City-State-Zip: STAMFORD CT 06902 City-State-Zip:

Title CONTROLLER \/P Title Name PALOMBA, GARY FARIN. MATTHEW J Name

Address 1290 EAST MAIN STREET Address 1290 EAST MAIN STREET City-State-Zip: STAMFORD CT 06902 City-State-Zip: STAMFORD CT 06902

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY PALOMBA CONTROLLER

Electronic Signature of Signing Officer/Director Detail

01/06/2023

Date