

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90058 036 ***150.00

LSJ/SABR AI

DOCUMENT # 830990

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

Principal Place of Business Mailing Address
1290 EAST MAIN STREET **P.O. BOX 3067**
STAMFORD CT 06902 **STAMFORD CT 06905**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **06-0254490** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 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.

SIGNATURE _____ (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, 2002 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	<input type="checkbox"/> Delete
NAME	DANIELS, GREGORY S	
STREET ADDRESS	1290 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BARTLETT, ROBERT A JR.	
STREET ADDRESS	1290 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HEISINGER, DONALD E JR.	
STREET ADDRESS	1290 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SIGNORINI, JOHN E	
STREET ADDRESS	1290 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	D	<input type="checkbox"/> Delete
NAME	KABURECK, GEORGE R	
STREET ADDRESS	121 HIGHLAND AVE.	
CITY-ST-ZIP	ROWAYTON CT 06853	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CIRILLO, NICHOLAS J	
STREET ADDRESS	1290 E MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK M. TOBIN	
STREET ADDRESS	1290 E MAIN STREET	
CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nicholas J Cirillo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/21/02** Daytime Phone #: **(203) 323-1131**

CR2E034 (9/01)