

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90399 004 ***150.00

DOCUMENT # H43938

1. Entity Name
SHUR-SHOT PEST CONTROL, INC.

948847



DO NOT WRITE IN THIS SPACE

Principal Place of Business % RAYMOND A. GIARDINA 938 NE 7TH TERRACE CAPE CORAL FL 33909	Mailing Address % RAYMOND A. GIARDINA 938 NE 7TH TERRACE CAPE CORAL FL 33909-3147
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2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number **59-2487509**

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

GIARDINA, RAYMOND A.
938 N.E. 7TH TR.
CAPE CORAL FL 33909

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

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	GIARDINA, RAYMOND A.	
STREET ADDRESS	938 N.E. 7TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	GIARDINA, MONICA	
STREET ADDRESS	938 NE 7TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIARDINA, GARY	
STREET ADDRESS	938 NE 7TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Raymond A. Giardina*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1900
 Date

941-574-2424
 Daytime Phone #

CR20004 (9/00)