

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J03000

1. Entity Name

PRIEST PEST CONTROL, INC.

FILED

Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90006 009 \*\*\*150.00

Principal Place of Business

2922 NE 28RD STREET  
OCALA FL 34470  
US

Mailing Address

2922 NE 28RD ST  
OCALA FL 34470-3943  
US

2. Principal Place of Business

17800 N. HWY 441  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Reddick FL

City & State

Reddick FL

4. FEI Number

59-2643214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURNS KATHERINE MILLS  
HWY 441 AVE 'E'  
MCINTOSH FL 32664

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

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

TITLE P  
NAME PRIEST, ROBERT W.  
STREET ADDRESS 17800 NORTH U.S. HWY 441  
CITY-ST-ZIP REDDICK FL ☐ Delete

TITLE VP  
NAME PRIEST, GALEN R  
STREET ADDRESS 17800 N HWY 441  
CITY-ST-ZIP REDDICK FL ☐ Delete

TITLE T  
NAME LANDIS, JAMES  
STREET ADDRESS 626 S.E. 31 TERR.  
CITY-ST-ZIP OCALA FL ☐ Delete

TITLE S  
NAME PRIEST, DIANE K  
STREET ADDRESS 17800 N HWY 441  
CITY-ST-ZIP REDDICK FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

ROBERT W. PRIEST

4-5-00

352-591-1036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)