

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90161 001 \*\*\*150.00

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DOCUMENT # P00000027400

1. Entity Name  
PRIORITY PEST CONTROL, INC.



Principal Place of Business  
101 E. ALTAMONTE DR.  
~~#1625~~  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
478 EAST ALTAMONTE DRIVE  
SUITE 108, BOX 303  
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**#1933**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3713160**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASE, TRACY A  
101 E. ALTAMONTE DR.  
~~#1625~~  
ALTAMONTE SPRINGS FL 32701

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**#1933**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Tracy A. Case*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-02-2003**

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>D</b>	<b>CASE, TRACY A</b>	<b>101 E. ALTAMONTE DR #1625</b>	<input checked="" type="checkbox"/>
		<b>ALTAMONTE SPRINGS FL 32701</b>		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>D</b>	<b>CASE, TRACY A.</b>	<b>101 E. ALTAMONTE DR. #1933</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>ALTAMONTE SPRINGS, FL. 32701</b>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-02-2003 407-834-977**

Date Daytime Phone #

CR2E034 (10/02)

*Attachment #*  
**PRIORITY PEST CONTROL**  
478 E. ALTAMONTE DR., STE. 108-303  
ALTAMONTE SPRINGS, FL 32701  
(407) 834-9971

90131650  
P00000027400

Sirs

I have been trying to do this online since the middle of April and it kept saying on was in "the Que".

I am sending this check to cover the amount due.  
Please take me out of the "Que".