

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056577

1. Entity Name

THERMACELL TECHNOLOGIES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90112 011 ***158.75

Principal Place of Business

Mailing Address

1125 COMMERCE BLVD
 SARASOTA FL 34243
 US

1125 COMMERCE BLVD
 SARASOTA FL 34243-5056
 US

2. Principal Place of Business

3. Mailing Address

440 Fentress Blvd.

440 Fentress Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Daytona Beach Fl.

Daytona Beach Fl.

Zip

Country

Zip

Country

32114

USA

32114

USA

4. FEI Number 59-3223708

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

COUTURE, GERALD
 901 CHESTNUT ST.
 SUITE A
 CLEARWATER FL 33756

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 NAME STREET ADDRESS CITY-ST-ZIP	DP PIDORENKO, JOHN 8457 EAGLE PRESERVE WAY SARASOTE FL 34241	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTSV COUTURE, GERALD 901 CHESTNUT ST., STE. A CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILES, KENDAL 513 N CASEY KEY RD OSPREY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGGINS, DONALD 901 CHESTNUT ST STE B CLEARWATER FL 33756	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETER THOMAS 126 N. BROAD ST. THOMASVILLE, GA 31792	☐ 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	D PETER LEIGHTON 31 CHURCH ST. HAMILTON, BERMUDA HM12	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY MALACARNE 2920 S.E. KENSINGTON ST. STUART, FL 34997	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

727 447-5511
 Daytime Phone #

CR2E034 (9/99)