

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90004 046 \*\*\*150.00

**DOCUMENT # P95000073390**

1. Entity Name  
**ENVIROPEST INC.**

*R*

Principal Place of Business  
 16051 NE 73RD STREET  
 WILLISTON FL 32696  
 US

Mailing Address  
 16051 NE 73RD STREET  
 WILLISTON FL 32696  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 5350 NE 162ND CT  
 Suite, Apt. #, etc.

3. Mailing Address  
 5350 NE 162ND CT  
 Suite, Apt. #, etc.

City & State  
 WILLISTON, FL  
 Zip 32696 Country

City & State  
 WILLISTON, FL  
 Zip 32696 Country

4. FEI Number **59-3337757**

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

**PASTORE, GERARD N**  
 14050 N.E. 75 ST.  
 WILLISTON FL 32696

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 5350 NE 162ND COURT  
 City WILLISTON FL Zip Code 32696

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 **GERARD N. PASTORE, PRES**  
 Signature, typed or printed name of registered agent and title if applicable.

**7/10/00**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>PASTORE, GERARD N</b> <b>14050 N.E. 75ST</b> <b>WILLISTON FL 32696</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GERARD Pastore N.</b> <b>5350 NE 162 ct</b> <b>Williston FL 32696</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-8-00** **352-528-4381**  
 Date Daytime Phone #

PA5000073390

10067905

## SHARON C. BRANNAN, CPA PA

161 N. MAIN STREET  
WILLISTON, FL 32696

Telephone (352) 528-6558  
Fax (352) 528-5559

July 10, 2000

Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32303

Dear Sir:

~~This letter is in reference to Enviropest, Inc. regarding their corporate annual report~~  
for the year 2000. The taxpayer changed addresses at the beginning of the year and never received the annual report. Upon receiving the second notice, the taxpayer immediately is sending it in with the appropriate fee for renewal.

Please update your records with the new address. Timely filings should be imminent in the future. Please waive the late filing fee since the first notice did not arrive because of the change of address.

We appreciate your assistance in this matter. Should you have any questions, please contact me at the above number. We look forward to hearing from you.

Sincerely,



Sharon C. Brannan, CPA PA

cc: Enviropest, Inc.  
Enc.