

000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60525

1. Entity Name

A-BANISH PEST CONTROL, INC.

Principal Place of Business

Mailing Address

~~28801 104TH DR EAST~~
~~MYAKKA CITY FL 34251~~
US

~~28801 104TH DR EAST~~
~~MYAKKA CITY FL 34240-7403~~
US

2. Principal Place of Business

6480 Richardson Road

3. Mailing Address

6480 Richardson Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34240-7403

Country

Sarasota

Zip

34240-7403

Country

Sarasota

6. Name and Address of Current Registered Agent

TAULBEE, GREG
28801 104TH DR E
MYAKKA CITY FL 34251

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6480 Richardson Road

City

Sarasota

FL

Zip Code

34240-7403

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

Gregory A. Taulbee, President 01/ /00

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 ☐ Delete
P
TAULBEE, GREGORY A
STREET ADDRESS 28801 104TH DRIVE EAST
CITY-ST-ZIP MYAKKA CITY FL

TITLE NAME ☒ Change ☐ Addition
6480 Richardson Road
STREET ADDRESS
CITY-ST-ZIP Sarasota, FL 34240-7403

TITLE NAME ☐ Delete
V
TAULBEE, JUDITH L
STREET ADDRESS 28801 104TH DRIVE EAST
CITY-ST-ZIP MYAKKA CITY FL

TITLE NAME ☒ Change ☐ Addition
6480 Richardson Road
STREET ADDRESS
CITY-ST-ZIP Sarasota, FL 34240-7403

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Gregory A. Taulbee

Gregory A. Taulbee 01/ /00 (941)377-7680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90021 009 ***150.00

945400



DO NOT WRITE IN THIS SPACE