

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0631960 AV

**DOCUMENT # P93000074627**

1. Entity Name

**CITRUS PEST CONTROL, INC.**

03-14-2002 90070 027 \*\*\*150.00

Principal Place of Business

**4953 S ARDEN TERRACE  
INVERNESS FL 34452  
US**

Mailing Address

**4953 S ARDEN TERRACE  
INVERNESS FL 34452  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3210184**

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

**KOVACT, MICHAEL  
106 NORTH OSCEOLA AVENUE  
INVERNESS FL 34450**

Name

**THOMAS SPRAGG**

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

**4953 S. ARDEN TERRACE**

City

**INVERNESS**

**FL**

Zip Code

**34452**

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

*Thomas Spragg*

Signature, typed or printed name of registered agent and title if applicable.

**THOMAS SPRAGG PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/14/02**

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, 2002 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 **PD** ☐ Delete  
NAME **SPRAGG, THOMAS**  
STREET ADDRESS **4953 S ARDEN TERRACE**  
CITY-ST-ZIP **INVERNESS FL 34452**

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

TITLE **SD** ☐ Delete  
NAME **SPRAGG, KAREN FAYE**  
STREET ADDRESS **4953 S ARDEN TERRACE**  
CITY-ST-ZIP **INVERNESS FL 34452**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Thomas Spragg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS SPRAGG**

Date

Daytime Phone #

**3/14/02 352-637-0037**

CR2E034 (9/01)