

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90001 022 ***550.00

DOCUMENT # P 99000010330

1. Entity Name

Renegade Termite & Pest Control Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14343 Brinks Rd

Suite, Apt. #, etc.

3. Mailing Address

14343 Brinks Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dade City FL

City & State

Dade City FL

4. FEI Number

59-3583053

Applied For

Not Applicable

Zip

33525

Country

USA

Zip

33525

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Theresa M. Sommers

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

5316 8th St

City

Zephyrhills

FL

Zip Code

33540

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
owner / President / V/S
James E Bryant
14343 Brinks Rd
Dade City FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/02

Date

813/780-7426

Daytime Phone #

CR2E034B (12/01)