

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 244785

1. Entity Name

REDD PEST CONTROL OF FLORIDA INC

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90015 045 ***150.00

Principal Place of Business

Mailing Address

250 S. PACE BLVD.
PENSACOLA FL 32501

~~250 S. PACE BLVD.~~
~~PENSACOLA FLA 32501-5000~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 1767

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
RIDGELAND, MS

Zip

Country

Zip
39158

Country
USA

4. FEI Number 59-0918257

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

LINDER, DAVE W
3113 FAYAL DR
PENSACOLA FL 32526

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	PD	<input type="checkbox"/> Delete
NAME	REDD, RICHARD	
STREET ADDRESS	7055 EDGEWATER DR	
CITY-ST-ZIP	JACKSON MS	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDD, MRS. RICHARD	
STREET ADDRESS	7055 EDGEWATER DR	
CITY-ST-ZIP	JACKSON MS	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALTMAN, R.C.	
STREET ADDRESS	112 HAMPTON CT.	
CITY-ST-ZIP	JACKSON MS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)