

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 390069

1. Entity Name

TRAVIS PEST MANAGEMENT, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90313 037 ***150.00

Principal Place of Business

2541 SE CLAYTON STREET
STUART FL 34997-5017
US

Mailing Address

P O BOX 1906
STUART FL 34995-1906
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1363454

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TRAVIS, GERALD P
2541 CLAYTON ST
STUART FL 34997

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	TRAVIS, GERALD	1275 NW PINE LAKE DR	STUART FL	<input type="checkbox"/>
DVS	TRAVIS, BERTIE	1275 NW PINE LAKE DR	STUART FL	<input type="checkbox"/>
D	TRAVIS, GERALD J	12013 FRUITWOOD DR	RIVERVIEW FL	<input type="checkbox"/>
D	JONES, KAREN	792 NW WATERLILY PL	JENSEN BEACH FL 34957	<input type="checkbox"/>
D	TRAVIS, CHRISTOPHER	560 GREENSPRINGS PL	WEST PALM BEACH FL 33409	<input type="checkbox"/>
D	POLLARD, ANITA	1222 TERRYSTONE CT	FT LAUDERDALE FL 33326	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	TRAVIS, CHRISTOPHER	405 SE ASHLEY OAKS WAY	STUART, FL 34997	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	POLLARD, ANITA	4132 CEDARGATE DR	FT. COLLINS, CO. 80526	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 of Travis, Christopher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-4-00

Daytime Phone #

561/287-7411

CR2E034 (9/99)