

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

02-22-2001 90360 032 \*\*\*150.00

**DOCUMENT # 510606**

1. Entity Name

**PAUL'S PEST CONTROL, INC.**

Principal Place of Business

**100 SOUTH DUVAL ST  
 QUINCY FL 32351**

Mailing Address

**PO BOX 150  
 QUINCY FL 32351-0150  
 488**

2. Principal Place of Business

**1225 Commerce Blvd.**

3. Mailing Address

**P.O. Box 950**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Midway FL**

City & State

**Midway FL**

Zip

**32343**

Country

**USA**

Zip

**32343**

Country

**USA**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NICHOLSON, ANN F.  
 315 CAMELLIA DR.  
 QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name

**Blair H. Burton**

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

**2829 Roscommon Dr.**

**Tallahassee FL**

City

FL

Zip Code

**32308**

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]*

**Blair H. Burton**

**1-8-01**

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, 2001 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

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NICHOLSON, ANN F.</b>	
STREET ADDRESS	<b>315 CAMELLIA ST</b>	
CITY-ST-ZIP	<b>QUINCY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Vice President, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Blair H. Burton</b>	
STREET ADDRESS	<b>2829 Roscommon Dr.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
TITLE	<b>Vice President, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kurt D. Edmunds</b>	
STREET ADDRESS	<b>2328 Napoleon Bonaparte Dr.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
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		
STREET ADDRESS		
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-14-01**

Date

**222-6808**

Daytime Phone #

CR2E034 (10/00)