## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # 531065 ENVIRONMENTAL PESTCONTROL ASSOCIATION OF FLORIDA 04-27-2001 90287 008 \*\*\*150.00 Principal Place of Business Mailing Address 277 STAR LAKE DR P.O. BOX 124 HAWTHORNE FL 32640 ORANGE SPRINGS FL 32182 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1735124 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOSTER, LAWRENCE R JR Street Address (P.O. Box Number is Not Acceptable) 277 STAR LAKE DR HAWTHORNE FL 32640 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Change Addition TITLE TITLE NAME FOSTER, LAWRENCE JR NAME STREET ADDRESS STREET ADDRESS 277 STAR LAKE DR CITY - ST - 71E CITY-ST-7IP HAWTHORNE FL 32640 ☐ Delete ☐ Change Addition TITLE THILE FOSTER, BARBARA F NAME NAME STREET ADDRESS STREET ADDRESS 277 STAR LAKE DR CITY-ST-7IP CITY-ST-7IP **HAWTHORNE FL 32640** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Barban Froster, BARDAN

☐ Delete

BARBARAF FOSTER

4-17-01

352-481-4977

Change

☐ Addition

Daytme Phone #

CR2E034 (10/00)