2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am **Secretary of State** DOCUMENT # 532386 1. Entity Name 03-26-2002 90040 013 ***150.00 CRITTER-GITTER PEST CONTROL, INC. Principal Place of Business Mailing Address 7050 W. FAIRFIELD DR. 7050 W. FAIRFIELD DR. PENSACOLA FL 32506 PENSACOLA FL 32506 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 59-1746265 Not Applicable Country Zip Country \$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 STOREY, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 7050 FAIRFIELD DRIVE PENSACOLA FL 32506 City 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. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) П 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 STOREY, DIANE E NAME NAME 7050 FAIRFIELD DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Change PD TITLE ☐ Addition TITLE Delete STOREY, RICHARD K NAME NAME STREET ADDRESS 7050 FAIRFIELD DRIVE STREET ADDRESS PENSACOLA, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

of the corporation or the t changed, or on an attac

13. I hereby certify that the information supplied

with this filing does not of port is true and accurate a

ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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