

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90807 031 ***150.00

006702 AV

DOCUMENT # 542929

1. Entity Name
BOOT-A-PEST, INC.



Principal Place of Business
**304 SW QUAIL PL
FT. WHITE FL 32038
US**

Mailing Address
**POST OFFICE BOX 12349
P O BOX 12349
GAINESVILLE FL 32604
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1765283**

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

**LUCAS, MICHAEL W
304 SW QUAIL PL
FT WHITE FL 32038**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD LUCAS, MICHAEL W**
STREET ADDRESS **RT 3 BOX 3265**
CITY-ST-ZIP **FT WHITE, FL 00000**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **304 SW QUAIL PL**
CITY-ST-ZIP **FORT WHITE, FL 32038**

TITLE ☐ Delete
NAME **VST LUCAS, DAWN E.**
STREET ADDRESS **RT 3 BOX 3265**
CITY-ST-ZIP **FT WHITE, FL 00000**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **304 SW QUAIL PL**
CITY-ST-ZIP **FORT WHITE, FL 32038**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03 (352) 376-3757
Date Daytime Phone #

000011000000