

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 627396

1. Entity Name

WALKER L & O PEST CONTROL, INC.

Principal Place of Business

8020 CONGRESS ST #4  
PORT RICHEY FL 34668

Mailing Address

P. O. BOX 1829  
NEW PORT RICHEY FL 34656-1829  
US

2. Principal Place of Business

4652 NAFTIS LN.  
Suite, Apt. #, etc.  
JEW PORT RICHEY, FL.  
City & State  
34652  
Zip  
Country  
USA

3. Mailing Address

Same as above  
Suite, Apt. #, etc.  
City & State  
Zip  
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1928820 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WALKER, LARRY M.  
4652 NAFTIS LN  
NEW PT. RICHEY FL 34652

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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	MD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUEA, DONALD W.		NAME		
STREET ADDRESS	11124 TELFORD ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW PT. RICHEY FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JUDITH E		NAME		
STREET ADDRESS	4652 NAFTIS LN		STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, LARRY M		NAME		
STREET ADDRESS	4652 NAFTIS LN		STREET ADDRESS		
CITY-ST-ZIP	NEW PT. RICHEY FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Judith E. Walker 4-21-2000 727 848-0737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)