

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0555014

DOCUMENT # 627396

1. Entity Name
WALKER L & O PEST CONTROL, INC.

05-02-2001 90039 021 ***150.00

Principal Place of Business 4652 NAFTIS LN NEW PORT RICHEY FL 34652 US	Mailing Address P. O. BOX 1829 NEW PORT RICHEY FL 34656 US
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000011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SAME	3. Mailing Address 4652 NAFTIS LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State NEW PORT RICHEY, FL.
Zip	Country USA
Country	Zip 34652

4. FEI Number 59-1928820	Applied For Not Applicable
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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
State 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALKER, JUDITH E 4652 NAFTIS LN NEW PT RICHEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, LARRY M 4652 NAFTIS LN NEW PT. RICHEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (727)848-0737
 Date Daytime Phone #

JUDITH E WALKER

CR2E034 (10/00)