

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90039 021 ***150.00

0555014

DOCUMENT # 627396

1. Entity Name

WALKER L & O PEST CONTROL, INC.

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**

000011

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.

4. FEI Number

59-1928820

Applied For

Not Applicable

Zip

Country

Zip

Country

34652

USA

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

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

(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

TITLE **ST** ☐ Delete
 NAME **WALKER, JUDITH E**
 STREET ADDRESS **4652 NAFTIS LN**
 CITY-ST-ZIP **NEW PT RICHEY FL**

TITLE **PD** ☐ Delete
 NAME **WALKER, LARRY M**
 STREET ADDRESS **4652 NAFTIS LN**
 CITY-ST-ZIP **NEW PT. RICHEY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(727)848-0737

Daytime Phone #

CR2E034 (10/00)