

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

0142150 AT

**DOCUMENT # 634226**

1. Entity Name

**J.D. SMITH EXTERMINATORS OF HUDSON, INC.**

*(Handwritten initials)*



07-25-2003 90203 002 \*\*\*150.00  
07-25-2003 90203 001 \*\*\*\*\*8.75

**55052310**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**15630 COUNTY LINE RD  
SPRING HILL FL 34610  
US**

Mailing Address  
**PO BOX 3309  
SPRING HILL FL 34611  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1935677**

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

**BOZMOSKI, JR. J  
600 BYPASS DR  
STE 215  
CLEARWATER FL 34624**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	TAFEL, JOHN H	8633 HELMSLY DR	BAYONET POINT FL 34667	<input type="checkbox"/>
PD	SMITH, JAMES D	8805 MOCCASIN SLOUGH RD	INVERNESS FL 34450	<input type="checkbox"/>
D	FENLEY, ZERRY	632 FISH HATCHERY ROAD	LAKELAND FL	<input type="checkbox"/>
SD	HOWARD, SANDRA K	8112 SOMERSET DR	LARGO FL 33773	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**

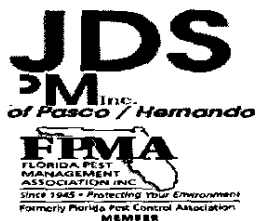
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*(Handwritten)* 7/22/03 856-7378

CR2E034 (4/03)



Attachment  
55052810  
634226  
**J.D. Smith**  
**EXTERMINATORS Inc.**  
**Of Pasco / Hernando**



<u>Mailing</u>	<u>West Pasco</u>	<u>East Pasco / Hernando</u>	<u>Location</u>
Pobox 3309 Spring Hill, Fl 34611-3309	856-7378 848-2755	800-282-8894	15630 county Line Rd Spring Hill, Fl

Florida Department Of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

7/22/2003

To Whom it may concern

I requested that the late fee be waived as this is the first notice that I have received.

Thank You

*John H. Tafel*  
John H. Tafel