

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90102 039 ***150.00

0428649 AV

DOCUMENT # 636767

1. Entity Name

CHAMPION PEST CONTROL INC.

Principal Place of Business

**4119 W WATERS AVE
TAMPA FL 33614
US**

Mailing Address

**4119 W.WATERS AVENUE
TAMPA FL 33614
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1943476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JENKINS, WILLIAM RAY
6448 REEF CR
TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name
JENKINS, WILLIAM RAY
Street Address (P.O. Box Number is Not Acceptable) **11002 Indian Oaks Dr.** (Change of Address only)
Tampa, FL 33625
City **Tampa, FL** Zip Code **33625**

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 William Ray Jenkins **William Ray Jenkins, Registered Agent, PD 4/10/02**
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, 2002 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 **V** ☒ Delete
NAME **JENKINS, JANET C**
STREET ADDRESS **6448 REEF CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☒ Change ☐ Addition
NAME **JENKINS, JANET C** (address change only)
STREET ADDRESS **11002 Indian Oaks Dr.**
CITY-ST-ZIP **Tampa, FL 33625**

TITLE **PD** ☒ Delete
NAME **JENKINS, WILLIAM RAY**
STREET ADDRESS **6448 REEF CR**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **JENKINS, WILLIAM RAY** (address change only)
STREET ADDRESS **11002 Indian Oaks Dr**
CITY-ST-ZIP **Tampa, FL 33625**

TITLE **STD** ☒ Delete
NAME **JENKINS, JANET C**
STREET ADDRESS **6448 REEF CR**
CITY-ST-ZIP **TAMPA FL**

TITLE **STD** ☒ Change ☐ Addition
NAME **JENKINS, JANET C** (address change only)
STREET ADDRESS **11002 Indian Oaks Dr**
CITY-ST-ZIP **Tampa, FL 33625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

(813)884-7378

SIGNATURE: Janet C. Jenkins **Janet C. Jenkins, Vice Pres. 4/10/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)