

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90034 015 ****61.25

DOCUMENT # 791123

1. Entity Name

SANTA ROSA PEST MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

215B ALABAMA STREET, P.O. BOX 37
 SANTA ROSA COUNTY CIVIC CENTER
 JAY FL 32565

Mailing Address

215B ALABAMA STREET, P.O. BOX 37
 SANTA ROSA COUNTY CIVIC CENTER
 JAY FL 32565

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5259 Booker Lane
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 37
 Suite, Apt. #, etc.

City & State

JAY

City & State

FL

4. FEI Number

59-2144722

Applied For

Not Applicable

Zip

32565

Country

Santa Rosa

Zip

32565

Country

Santa Rosa

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAMOND, MICKEY
 2517 CAMORS DRIVE
 JAY FL 32565

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **EDWARDS, ALAN**
 STREET ADDRESS **RT. 2 BOX 386**
 CITY-ST-ZIP **JAY FL**

TITLE **V** ☐ Delete
 NAME **SMITH, LEWIE J**
 STREET ADDRESS **3075 HICKORY HOLLOW LANE**
 CITY-ST-ZIP **JAY FL**

TITLE **P** ☐ Delete
 NAME **DIAMOND, JOHN M.**
 STREET ADDRESS **12778 HWY 197**
 CITY-ST-ZIP **JAY FL**

TITLE **V** ☐ Delete
 NAME **NOLES, GEORGE**
 STREET ADDRESS **5665 JESSE ALLEN ROAD**
 CITY-ST-ZIP **MILTON FL**

TITLE **ST** ☐ Delete
 NAME **DIAMOND, MICKEY**
 STREET ADDRESS **2517 CAMORS ROAD**
 CITY-ST-ZIP **JAY FL**

TITLE **D** ☐ Delete
 NAME **LOWRY, JIMMY J**
 STREET ADDRESS **4407 HWY 4 E**
 CITY-ST-ZIP **JAY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, 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

9-5-01

850-675-6480

CR2E037 (5/01)