

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 791123

1. Entity Name

SANTA ROSA PEST MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5259 BOOKER LANE  
JAY FL 32565

P O BOX 37  
JAY FL 32565

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

59-2144722

Applied For

Not Applicable

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

DIAMOND, MICKEY  
2517 CAMORS DRIVE  
JAY FL 32565

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

850-675-3107

Daytime Phone #

CR2E037 (9/01)