

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90161 015 ****61.25

DOCUMENT # 791123

1. Entity Name

SANTA ROSA PEST MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

**5259 BOOKER LANE
JAY FL 32565**

Mailing Address

**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
Diamond, Mickey

Street Address (P.O. Box Number is Not Acceptable)

12760 Chumuckla Hwy

City **JAY**

FL

Zip Code
32565

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition
NAME **Edwards, Alan**
STREET ADDRESS **2108 Mineral Springs Rd.**
CITY-ST-ZIP **Jay FL 32565-9524**

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

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

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

TITLE **P** ☒ Change ☐ Addition
NAME **Diamond, John M.**
STREET ADDRESS **12778 Chumuckla Hwy**
CITY-ST-ZIP **Jay FL 32565-4804**

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

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

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

TITLE **ST** ☒ Change ☐ Addition
NAME **Diamond, Mickey**
STREET ADDRESS **12760 Chumuckla Hwy**
CITY-ST-ZIP **Jay FL 32565-4804**

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

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]

5-13-02 850-675-3107

CR2E037 (10/02)

Attachment SO# 90137886
791123

|||||

MICKEY DIAMOND - Secretary
12760 Chumuckla Hwy
Jay, FL 32565-4804 Treasurer

|||||

JOHN DIAMOND President
12778 Chumuckla Hwy
Jay, FL 32565-4804

|||||

ALAN EDWARDS Director
2108 Mineral Springs Rd
Jay, FL 32565-9574