## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## F63851 DOCUMENT #

1. Entity Name

PRO-TECH TERMITE AND PEST CONTROL, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90062 031 \*\*\*150.00

				WE TAN						
Principal Place of Business 5912 YUCCA DR FT. PIERCE FL 34982 US		5912 YUCCA	Mailing Address 5912 YUCCA DR FT. PIERCE FL 34982 US							
2. Principal Pl	ace of Business	3. Mailing Ad	dress			100( 00  113  1100  1101  10101  1101		B#1 B1811 848		
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			4. FEI Number 59-2162812			olied For Applicable	
Zip	Country	Zip		ountry	5. 0	Certificate of Status Desired		<b>75</b> Addit Required		
	6. Name and Address of Curr	ent Registered Age	. ~		7. N	lame and Address of New Reg	istered Ager	ıt		
	Name	Name								
MOYNIHAI 5912 YUC	N, PHILIP B., JR		Street Addres			s (P.O. Box Number is Not Acceptable)				
	E FL 34982								8	
FI FIERU	E FL 34902			City			FL	Zip Code		
the obligati	named entity submits this stateme ons of registered agent.  Signature, typed or printed hame of registered a	Normal	ank	stered Agent signature requ			- 8-0 DATE	3_		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departmen	00 nt of State				Election Campaign Finar     Trust Fund Contribution.		Added	May Be to Fees	
10.	■ OFFICERS A	AND DIRECTORS		11.	AD	DITIONS/CHANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOYNIHAN, PHILIP B JR 5912 YUCCA DRIVE FT PIERCE, FL 00000			TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-SI-ZIP				] Change	Addition	
TITLE NAME		[		TITLE NAME STREET ADDRESS	-			] 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 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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

772-466-2020