

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90077 028 \*\*\*150.00

**DOCUMENT # F82878**

1. Entity Name  
**NORTH FLORIDA PEST CONTROL, INC.**

**Principal Place of Business**

**1420 N. 3RD ST.  
 JAX FL 32250  
 US**

**Mailing Address**

**1420 N. 3RD ST.  
 JAX FL 32250  
 US**

**2. Principal Place of Business**

**20 West 3RD Street**

Suite, Apt. #, etc.

**3. Mailing Address**

**14286-19 Beach Blvd**

Suite, Apt. #, etc.

**# 366**

**City & State**

**Atlantic Beach, FL**

**Zip 32233**

**Country USA**

**City & State**

**Jacksonville, FL**

**Zip 32250**

**Country USA**

**4. FEI Number**

**59-2205168**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WRIGHT, RICHARD B.  
 14446 SAN PABLO DR.  
 JACKSONVILLE FL 32224**

**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**

**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**

<b>TITLE</b>	<b>PDV</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WRIGHT, RICHARD B.</b>	
<b>STREET ADDRESS</b>	<b>14446 SAN PABLO DR</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL</b>	
<b>TITLE</b>	<b>TS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WRIGHT, PATRICIA A.</b>	
<b>STREET ADDRESS</b>	<b>14446 SAN PABLO DR</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD B. WRIGHT SR.**

**4-19-02**

Date

**904-247-1212**

Daytime Phone #

CR2E034 (9/01)