

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90048 015 ***150.00

0587925

DOCUMENT # F99000002011

1. Entity Name

SEARS TERMITE & PEST CONTROL FRANCHISE CORP.

Principal Place of Business

Mailing Address

~~DEPT 06-2728, ATTN: C.N. MATTHEWS~~
~~3333 BEVERLY RD~~
~~HOFFMAN ESTATES IL 60179~~

~~DEPT 06-2728, ATTN: C.N. MATTHEWS~~
~~3333 BEVERLY RD~~
~~HOFFMAN ESTATES IL 60179~~

00040407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3570014**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SREDNICK, RICHARD	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	TOLL, MICHAEL	<input checked="" type="checkbox"/> Delete
NAME	3333 BEVERLY RD	
STREET ADDRESS	HOFFMAN ESTATES IL 60179	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	MC GOTT, JOHN	<input checked="" type="checkbox"/> Delete
NAME	3333 BEVERLY RD	
STREET ADDRESS	HOFFMAN ESTATES IL 60179	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	CASE, ROBERT B	<input type="checkbox"/> Delete
NAME	3333 BEVERLY RD	
STREET ADDRESS	HOFFMAN ESTATES IL 60179	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	GALLAGHER, STEPHEN M	<input type="checkbox"/> Delete
NAME	3333 BEVERLY RD	
STREET ADDRESS	HOFFMAN ESTATES IL 60179	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	DUBNICKA, THOMAS J	<input type="checkbox"/> Delete
NAME	3333 BEVERLY RD	
STREET ADDRESS	HOFFMAN ESTATES IL 60179	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL TOWER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT CASE	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL SHAY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINE MENGES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Christine Menges

Christine Menges

3-27-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)