

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G20483

1. Entity Name

CERTIFIED EXTERMINATING, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90109 046 ***158.75

Principal Place of Business

Mailing Address

2995 44 AVE N
ST PETERSBURG FL 33714

2118 FEATHER SOUND DR
CLEARWATER FL 33762-5502
US

2. Principal Place of Business

945 55th AVE. N

3. Mailing Address

945 55th AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL.

City & State

ST PETERSBURG, FL.

4. FEI Number

59-2265573

Applied For

Not Applicable

Zip

33703

Country

FLORIDA

Zip

33703

Country

FLORIDA

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

ENGEL, HARLOW E
2118 FEATHER SOUND DR
CLEARWATER FL 33762

Name

KAREN C. MAURER

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

945 55th AVE. N.

City

ST PETERSBURG,

FL

Zip Code

33703

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
ENGEL, HARLOW E.
2118 FEATHER SOUND DR
CLEARWATER FL 33762

☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, S, T
KAREN C. MAURER
945 55th AVE. N.
ST PETERSBURG, FL. 33703
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)