

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

4/1

04-15-2003 90092 022 \*\*\*150.00

**DOCUMENT # G74644**

1. Entity Name  
**ECONO TERMITE & PEST CONTROL, INC.**



Principal Place of Business  
**3790 N ACCESS RD  
ENGLEWOOD FL 34224**

Mailing Address  
**3790 N ACCESS RD  
ENGLEWOOD FL 34224**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2343282**

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

~~McLENNON, THOMAS P.  
1861 PLACIDA RD STE 204  
ENGLEWOOD FL 34223~~

Name **J. Paul Bouvier**  
Street Address (P.O. Box Number is Not Acceptable)  
**3790 N. ACCESS RD**  
City **Englewood** FL **34224**

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

**4/24/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **PD BOUVER, PAUL** ☐ Delete  
STREET ADDRESS **7186 DARLINGTON ST.**  
CITY-ST-ZIP **ENGLEWOOD, FL 00000**

TITLE  
NAME **170 Englewood Hgts. Rd.** ☒ Change ☐ Addition  
STREET ADDRESS **34223**  
CITY-ST-ZIP

TITLE  
NAME **VD EISENBERG, JOEL** ☐ Delete  
STREET ADDRESS **1304 DEPRIE RD**  
CITY-ST-ZIP **ENGLEWOOD, FL 00000**

TITLE  
NAME **34223** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/03 941-474-0937**

CR2E034 (10/02)