

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

00 OCT 11 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # G95817

1. Entity Name Phoenix Pest Control, Inc
5809 Briarwood Ave
Sarasota, FL 34231

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

Sarasota, FL 34230 USA

4. FEI Number 59-2388410 **Applied For** ☐ **Not Applicable** ☒

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**

Steve Armstrong
5809 Briarwood Ave
Sarasota, FL 34231

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 *Steven D. Armstrong* **DATE** 10/9/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	Steve Armstrong - President 5809 Briarwood Ave Sarasota, FL 34231	☐ Change ☐ Addition	
TITLE ☒ NAME STREET ADDRESS CITY-ST-ZIP	Jon Heath VP 4005 Redford Cir N. Sarasota, FL 34231	☐ Change ☐ Addition	500003446875--E -11/01/00-01052-014 *****150.00 *****150.00
TITLE ☒ NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth Heath - Treasurer 4005 Redford Cir N. Sarasota, FL 34231	☐ Change ☐ Addition	500003446875--E -11/01/00-01052-015 *****8.75 *****8.75
TITLE ☒ NAME STREET ADDRESS CITY-ST-ZIP	Barbara Armstrong Sec. 5809 Briarwood Ave Sarasota, FL 34231	☐ Change ☐ Addition	
TITLE ☐ NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE ☐ NAME STREET ADDRESS 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: *Steven D. Armstrong* **DATE** 10/9/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR