

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
 05-14-2001 90072 044 \*\*\*150.00

**DOCUMENT # H38552**

1. Entity Name  
**MARANATHA PEST CONTROL, INC.**

Principal Place of Business  
**7409 TROUBLE CREEK RD**  
**#710**  
**NEW PORT RICHEY FL 34653**  
**US**

Mailing Address  
**7409 TROUBLE CREEK RD**  
**#710**  
**NEW PORT RICHEY FL 34653**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5710 MELALEUCA DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5710 MELALEUCA DR.**  
 Suite, Apt. #, etc.

City & State  
**HOLIDAY, FL**  
 Zip  
**34690**

City & State  
**HOLIDAY FL**  
 Zip  
**34690**

4. FEI Number **59-2499551**  
 Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

**GUTTERMAN, ELMER L.**  
**7409 TROUBLE CREEK RD**  
**#710**  
**NEW PORT RICHEY FL 34653**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5710 MELALEUCA DR.**  
 City **HOLIDAY** **FL** Zip Code **34690**

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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUTTERMAN, ELMER L. 7409 TROUBLE CREEK RD #710 NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GUTTERMAN, PATRICIA O. 7409 TROUBLE CREEK RD #710 NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, DONALD I. 8357-77TH AVENUE NORTH SEMINOLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5710 MELALEUCA DR.</b> <b>HOLIDAY FL 34690</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5710 MELALEUCA DR.</b> <b>HOLIDAY FL 34690</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Elmer L. Gutterman **ELMER L. GUTTERMAN** 4-26-01 227-943-8551  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)