

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90163 013 ***150.00

C0085523



DO NOT WRITE IN THIS SPACE

DOCUMENT # H54591

1. Entity Name

J. D. SMITH EXTERMINATORS OF DADE CITY, INC.

Principal Place of Business

Mailing Address

**15630 COUNTY LINE RD
 SPRING HILL FL 34610
 US**

**P. O. BOX 5419
 SPRING HILL FL 34611-5419
 US**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 3309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SPRING HILL, FL

4. FEI Number

59-2511921

Applied For

Not Applicable

Zip

Country

Zip

Country

34611-3309

U.S.

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

**DALTON, ROBERT P.
 1198 MUSCOVY DR.**

SPRING HILL FL 34608

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, 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 **TD** ☐ Delete
 NAME **DALTON, ROBERT P.**
 STREET ADDRESS **1198 MUSCOVY DR.**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE **VD** ☒ Change ☐ Addition
 NAME **TAFEL, JOHN H.**
 STREET ADDRESS **8633 HELMSLY DR.**
 CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE **SD** ☐ Delete
 NAME **TAFEL, JOHN H.**
 STREET ADDRESS **18528 GRACIE LEE LN**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **SMITH, JAMES D, JR.**
 STREET ADDRESS **8805 MOCCASIN SLOUGHRD.**
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **PD** ☒ Delete
 NAME **SMITH, JAMES D., SR**
 STREET ADDRESS **8787 E. MOCCASIN SLOUGHRD**
 CITY-ST-ZIP **INVERNESS FL**

TITLE **SD** ☐ Change ☒ Addition
 NAME **HOWARD, SANDRA K.**
 STREET ADDRESS **8112 SOMERSET DR.**
 CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

Robert P. Dalton

ROBERT P. DALTON

4-25-2000

351-523-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #