

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90543 006 ***150.00

DOCUMENT # H59950**1. Entity Name**
ALPHA & OMEGA EXTERMINATORS, INC.**Principal Place of Business****1705 ROGETO RD**
JACKSONVILLE FL 32211
US**Mailing Address****1705 ROGERO RD**
JACKSONVILLE FL 32211
US**2. Principal Place of Business****1705 ROGERO RD**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**JACKSONVILLE, FL****City & State****4. FEI Number****59-2541951****Applied For**

Not Applicable

Zip**32211****Country****Zip****Country****5. Certificate of Status Desired**☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****DEAL, KEITH M.**
101 BARNETT REGENCY TOWER
JACKSONVILLE FL 32211-8179**7. Name and Address of New Registered Agent****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, 2002 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** PRD ☐ Delete
NAME MCKINNEY, BEATRICE J.
STREET ADDRESS 1815 TOWNSEND BLVD.
CITY-ST-ZIP JACKSONVILLE FL**TITLE** VPD ☐ Delete
NAME MCKINNEY, VONYON J.
STREET ADDRESS 1815 TOWNSEND BLVD.
CITY-ST-ZIP JACKSONVILLE FL**TITLE** ST ☐ Delete
NAME MCKINNEY, VONYON J.
STREET ADDRESS 1815 TOWNSEND BLVD.
CITY-ST-ZIP JACKSONVILLE FL**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEATRICE J MCKINNEY

Date

Daytime Phone #

904-744-3355

CR2E034 (9/01)