

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90172 006 ***150.00

DOCUMENT # H63123

1. Entity Name
BUG BUSTERS PEST CONTROL CORPORATION



Principal Place of Business
**34845 TRANQUVIEW LN
730 EAST MERIDIAN AVENUE
DADE CITY FL 33525
US**

Mailing Address
**34845 TRANQUVIEW LN
730 EAST MERIDIAN AVENUE
DADE CITY FL 33525
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2561237**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON LEONARD H
STE 314 CONTENIAL BLDG
301 E MERIDIAN AVE
DADE CITY FL 33525**

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. 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

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 **DP** ☐ Delete
NAME **JOHNSON, THOMAS M.**
STREET ADDRESS **217 TRANQUVIEW LN.**
CITY-ST-ZIP **DADE CITY FL**

TITLE **DP** ☒ Change ☐ Addition
NAME **JOHNSON THOMAS M**
STREET ADDRESS **34845 TRANQUVIEW LN**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **VT** ☐ Delete
NAME **JOHNSON, KRISTINE**
STREET ADDRESS **217 TRANQUVIEW LN.**
CITY-ST-ZIP **DADE CITY FL**

TITLE **VT** ☒ Change ☐ Addition
NAME **JOHNSON KRISTINE**
STREET ADDRESS **34845 TRANQUVIEW LN**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **S** ☐ Delete
NAME **JACKMAN, LORRAINE A.**
STREET ADDRESS **34837 TRANQUVIEW LANE**
CITY-ST-ZIP **DADE CITY FL 33523**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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:

Thomas M. Johnson
THOMAS M. JOHNSON

4/9/03
Date

352-567-3841
Daytime Phone #

CR2E034 (10/02)