

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J24033

1. Entity Name

WATTS PEST CONTROL, INC.

Principal Place of Business

Mailing Address

C/O MICHAEL D. FOWLER
P. O. BOX 850
FT. PIERCE FL 34950

435 ST CHARLES AVE
MERRITT ISLAND FL 32953-6847
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

Name

WATTS, DONALD A
435 ST CHARLES AVE
MERRITT ISLAND FL 32953

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	PD	<input type="checkbox"/> Delete
NAME	WATTS, DONALD A.	
STREET ADDRESS	435 ST. CHARLES AVENUE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WATTS, DONALD A.	
STREET ADDRESS	435 ST. CHARLES AVENUE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WATTS, DONALD A.	
STREET ADDRESS	435 ST. CHARLES AVENUE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donald A. Watts DONALD A. WATTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-00

Date

407.593.5962

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90075 023 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2788051

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required