

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J25290

1. Entity Name

GENUINE PEST CONTROL, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90186 048 \*\*\*150.00

Principal Place of Business

607 SW CURRY ST.  
PORT ST. LUCIE FL 34983

Mailing Address

607 SW CURRY ST.  
PORT ST. LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2704710

Applied For

Not Applicable

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

CAUSBY, STERLING PALMER  
607 SW CURRY STREET  
PORT SAINT LUCIE FL 34983

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD ☒ Delete  
NAME CAUSBY, CONSUELO  
STREET ADDRESS 607 S.W. CURRY STREET  
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE VSD ☒ Change ☐ Addition  
NAME CAUSBY John Sterling  
STREET ADDRESS 607 SW Curry ST  
CITY-ST-ZIP Port St Lucie FL

TITLE PTD ☐ Delete  
NAME CAUSBY, STERLING PALMER  
STREET ADDRESS 607 S.W. CURRY STREET  
CITY-ST-ZIP PT. ST. LUCIE FL

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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

STERLING P. CAUSBY

1-18-2001

Date

561-340-2469

Daytime Phone #

CR2E034 (10/00)