

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55339

1. Entity Name

QUALITY PEST CONTROL, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90343 024 ***150.00

Principal Place of Business

2090 FORSYTHR RD
 STE 207
 ORLANDO FL 32807
 US

Mailing Address

%THOMAS P. MUDORIE
 2090 FORSYTHE, STE. 207
 ORLANDO FL 32807-5283
 US

2. Principal Place of Business

2090 FORSYTHE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 207

City & State

City & State

ORLANDO FLA

Zip

Country

Zip

Country

32807

ORANGE

4. FEI Number 59-2768851

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

MUDORIE, THOMAS P.
 5207 KINGSWOOD DR
 ORLANDO FL 32810

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 V
 NAME LONG, RICHARD
 STREET ADDRESS 912 KEWANE TR
 CITY-ST-ZIP MAITLAND FL ☐ Delete

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

TITLE P
 NAME MUDORE, THOMAS P.
 STREET ADDRESS 5207 KINGSWOOD DR
 CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE S
 NAME MUDORE, SHARROW A.
 STREET ADDRESS 5207 KINGSWOOD DR
 CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE T
 NAME LONG, LOVELLA
 STREET ADDRESS 912 KEWANE TR
 CITY-ST-ZIP MAITLAND FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 P. MUDORE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

Daytime Phone #

CR2E034 (9/99)