2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90275 043 ***150.00

UU041657

DO NOT WRITE IN THIS SPACE

DOCUMENT # J85595

1. Entity Name
ALL-PEST, INC.

Principal Place of Business	Mailing Address
6714 THOMASVILLE RD. "C" TALLAHASSEE FL 32312-3837 US	6714 THOMASVILLE RD. "C" TALLAHASSEE FL 32312-3837 US

	2. Principal Place of Business	3. Mailing Address
Street	3837 Killearn CT	3837 Killearn CT
Suite, Apt. #, etc.	B	B
City & State	Tallahassee	Tallahassee
Zip	32308-3486	32308-3486
Country	Leon	Leon

4. FEI Number 59-2846926 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALLAMON, GARY
3827 LOMA FARM ROAD
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City State 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 NAME STREET ADDRESS CITY-ST-ZIP	DPV ALLAMON, GARY 3827 LOMA FARM ROAD TALLAHASSEE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALLAMON, GARY 3827 LOMA FARM ROAD TALLAHASSEE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Gary R. Allamon GARY R. ALLAMON 4-16-01 850-668-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #