

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K06701

1. Entity Name

HI-TECH PEST CONTROL, INC.

FILED

Mar 13, 2000 8:00 am  
Secretary of State

03-13-2000 90074 049 \*\*\*150.00

Principal Place of Business

Mailing Address

274 S.E. 16TH AVE.  
P. O. BOX 2245  
OKEECHOBEE FL 34973-9245

274 S.E. 16TH AVE.  
P. O. BOX 2245  
OKEECHOBEE FL 34973-2245

019452



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2829 SW 3rd Terr

P.O. Box 2245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Okeechobee, FL

City & State  
Okeechobee, FL

4. FEI Number 65-0029684

Applied For  
Not Applicable

Zip  
34974

Country  
Okeechobee

Zip  
34973

Country  
Okeechobee

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

TALLEY, CHARLES E.  
821 S.E. 9TH CT.  
OKEECHOBEE FL 34974

Name  
Charles E Talley  
Street Address (P.O. Box Number is Not Acceptable)  
3036 SE 33rd Terr  
City  
Okeechobee, FL  
Zip Code  
34974

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 *Charles E Talley*

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TALLEY, CHARLES E. 274 S.E. 16TH AVE. OKEECHOBEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TALLEY, GAIL 274 S.E. 16TH AVE. OKEECHOBEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles E. Talley 3036 SE 33rd Terr. Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	No longer Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Talley 255 SE 16th Ave Okeechobee, FL 34974	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CS 10/14 (9/99)