

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90193 030 ***150.00

DOCUMENT # K06701

1. Entity Name

HI-TECH PEST CONTROL, INC.

Principal Place of Business

**2829 SW 3RD TERR
 OKEECHOBEE FL 34974**

Mailing Address

**P. O. BOX 2245
 OKEECHOBEE FL 34973**

C0066571



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2829 S.W. 3rd Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Okeechobee, FL

4. FEI Number

65-0029684

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

34974

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.
 3036 SE 33RD TERR
 OKEECHOBEE FL 34974**

Name

GAIL Talley

Street Address (P.O. Box Number is Not Acceptable)

274 S.E. 16th Ave

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

Gail Talley President Gail Talley President

4/30/01

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	P	<input checked="" type="checkbox"/> Delete
NAME	TALLEY, CHARLES E.	
STREET ADDRESS	3036 SE 33RD TERR	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALLEY, GAIL	
STREET ADDRESS	274 S.E. 16TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TALLEY, ROBERT	
STREET ADDRESS	255 SE 16TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gail Talley	
STREET ADDRESS	274 S.E. 16th Ave	
CITY-ST-ZIP	Okeechobee, FL	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jan Allen Cade	
STREET ADDRESS	13701 N.E. 124th Ave	
CITY-ST-ZIP	Okeechobee, FL 34974	
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		
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:

Gail Talley Gail Talley

4/30/01

863 467123 0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)