

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # **K48324**

1. Entity Name
A TO Z PEST CONTROL, INC.

Principal Place of Business
12642 N.W. 12TH COURT
SUNRISE FL 33323

Mailing Address
12642 N.W. 12TH COURT
SUNRISE FL 33323

2. Principal Place of Business
10019 N.W. 49TH PLACE

3. Mailing Address
10019 N.W. 49TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

Zip Country
33076

Zip Country
33076

4. FEI Number
65-0085742

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARTEAU, KEITH LEE
12642 N.W. 12TH COURT

SUNRISE FL 33323 US

7. Name and Address of New Registered Agent

Name
BARTEAU, KEITH LEE
Street Address (P.O. Box Number is Not Acceptable)
10019 N.W. 49TH PLACE

City
CORAL SPRINGS FL Zip Code
33076

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 _____ DATE **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	☐ Delete
NAME	BARTEAU, KEITH	
STREET ADDRESS	12642 NW 12TH CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Change	☐ Addition
NAME	BARTEAU, KEITH		
STREET ADDRESS	10019 N.W. 49TH PLACE		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
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: **KEITH BARTEAU**

P

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)