

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
 04-19-2000 90085 006 ***150.00

DOCUMENT # L01912

1. Entity Name

ANCIENT CITY PEST CONTROL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 860263
 3400 US 1 SOUTH
 ST AUGUSTINE FL 32086

P.O. BOX 860263
 3400 US 1 SOUTH
 ST AUGUSTINE FL 32086-0263
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2959600

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCCORMICK, PEGGY
4628 AVE. D
ST AUGUSTINE FL 32095

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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | MCCORMICK, GARY | |
| STREET ADDRESS | 407 ST. GEORGE AVE. | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | |
| TITLE | * President | <input type="checkbox"/> Delete |
| NAME | MCCORMICK, PEGGY | |
| STREET ADDRESS | 407 ST. GEORGE AVE. | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |
| TITLE | Vice President | <input type="checkbox"/> Delete |
| NAME | SMITH, CHARLES | |
| STREET ADDRESS | 212 HAWTHORN RD | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Peggy McCormick* **SIGNATURE** *Peggy McCormick* **DATE** *4/18/00* **Daytime Phone #** *904-299-2121*