

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State
 04-11-2000 90223 005 ***150.00

DOCUMENT # L16078

1. Entity Name

PERSCHEL & MEYER PEST MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1181-1183 S 10TH ST
 JACKSONVILLE BEACH FL 32250
 US

PO BOX 51607
 JACKSONVILLE BEACH FL 32240-1607
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2967235

Applied For

Not Applicable

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

MEYER, ROBERT H JR
1181 - 1183 S 10TH ST
JACKSONVILLE BEACH FL 32250

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 | DVT | <input type="checkbox"/> Delete |
| NAME | PERSCHEL, MARK K SR | |
| STREET ADDRESS | 1865 NIGHTFALL DR | |
| CITY-ST-ZIP | NEPTUNE FL 32266 | |
| TITLE | DPS | <input type="checkbox"/> Delete |
| NAME | MEYER, ROBERT H JR | |
| STREET ADDRESS | 719 MCCULLUM CIR | |
| CITY-ST-ZIP | NEPTUNE BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MEYER, TERI | |
| STREET ADDRESS | 719 MCCULLUM CIRCLE | |
| CITY-ST-ZIP | NEPTUNE BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PERSCHEL, LINDA | |
| STREET ADDRESS | 1865 NIGHTFALL DR | |
| CITY-ST-ZIP | NEPTUNE BEACH FL 32266 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| 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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| 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00

9042413409

CR2E034 (9/99)