

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L36728**

1. Entity Name

NEW HORIZON PEST CONTROL, INC.

Principal Place of Business

**7133 PENINSULAR DR
N PORT RICHEY FL 34652
US**

Mailing Address

**7133 PENINSULAR DR
N PORT RICHEY FL 34652
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

59-2981194

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****HERSCH, LARRY S.
1570 S. HIGHWAY 301
DADE CITY FL 33525****7. Name and Address of New Registered Agent**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, RAYMOND T. 1210 C PENINSULAR DR. NEW PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST JONES, LINDA A. 1210 C PENINSULAR DR. NEW PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LINDA A. 1210 C PENINSULAR DR. NEW PORT RICHEY 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/01

Date

727 842 8399

Daytime Phone #

01006 5 24

CR2E034 (5/01)

Attachment

L36728

Box 60081

Dept. of State

7/5/01

To Whom it may Concern:

ON MARCH 29, 2001 I, RAYMOND JONES, MADE APPLICATION WITH CHECK FOR \$150.00 TO DEPT. OF STATE AND SENT IT IN FOLLOWING DAYS MAIL. IT SOMEHOW DID NOT REACH ITS DESTINATION, HENCE THE LATE FILING NOTICE. I CALLED MY BANK AND VERIFIED CR # 2335 HAS NOT CLEARED AND ISSUED A STOP PAY ON IT. I MADE APPLICATION FOR REINSTATEMENT AND ISSUED A CHECK FOR THE ORIGINAL FEE OF \$150.00. I HOPE THIS WILL BE SATISFACTORY.

Sincerely,

Raymond Jones

PRES. NEW HORIZON Pest Control
Inc.