

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L41786

1. Entity Name

ECO-LOGIC PEST CONTROL SYSTEMS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90026 033 ***150.00

Principal Place of Business

Mailing Address

11368 SHADY BROOK LANE
JACKSONVILLE FL 32223
US

11368 SHADY BROOK LANE
JACKSONVILLE FL 32223-7947
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3338110**

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

HUGHES, JOE HOWARD, JR.
11368 SHADY BROOK LANE
JACKSONVILLE FL 32223

Name

William Neal Owens

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

8787 Southside Blvd #1013

Jacksonville

FL

City

FL

Zip Code

32256

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

Joe Hughes Jr. *[Signature]*

4-19-2000

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 PD
NAME HUGHES, JOE HOWARD, JR.
STREET ADDRESS 11368 SHADY BROOK LANE
CITY-ST-ZIP JACKSONVILLE FL 32223 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VST
NAME HUGHES, DEBRA
STREET ADDRESS 11368 SHADY BROOK LANE
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME OWENS, WILLIAM N
STREET ADDRESS 8787 SOUTHSIDE BLVD 1013
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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] Debra Hughes

Date

Daytime Phone #

4/30/2000 (904) 886-2673

CR2E034 (9/99)