

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L61733

1. Entity Name

ODOM EXTERMINATING, INCORPORATED

R

Principal Place of Business

3159 WEST LAKESHORE DRIVE
TALLAHASSEE FL 32312

Mailing Address

3159 WEST LAKESHORE DRIVE
TALLAHASSEE FL 32312

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

59-2995480

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

HARTSFIELD, PAUL F., JR.
325 JOHN KNOX ROAD
BUILDING A
TALLAHASSEE FL 32303

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ROBERT M. HOSFORD
STREET ADDRESS 2825 GREENFOREST LN
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE STM ☐ Delete
NAME ODOM, ROBERT E.
STREET ADDRESS 3159 W. LAKE SHORE DRIVE
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 of Robert M. Hosford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-00 385-0856
Date Daytime Phone #

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90150 039 ***150.00



DO NOT WRITE IN THIS SPACE

CR21E034 (5/00)

Odom Exterminating Inc.

3159 W. Lake Shore Drive
Tallahassee, FL 32312-1806

INCORPORATED 5-13, 1990

*Attachment
DH L61733
DW71942*

PH: (850) 385-0956

50 YEARS EXPERIENCE

5-14-2000

DIVISION OF CORPORATIONS

UNIFORM BUSINESS REPORT FILINGS

P. O. BOX 1500

TALLAHASSEE, FLA. 32302-1500

DEAR SIR:

THE NOTICE OF CORPORATION RENEWAL LICENSE CAME TO ME, MARKED 2ND NOTICE.
ACTUALLY IT IS THE FIRST NOTICE WE RECEIVED THIS YEAR.

HOW THE ERROR OCCURED, I HAVE NO IDEA.

PLEASE ACCEPT THE ATTACHED CHECK IN THE AMOUNT OF \$150.00 FOR THE
ANNUAL RENEWAL FEE. WE DO WISH TO KEEP CURRENT.

SINCERELY



ROBERT M. HOSFORD, PRES.

RMH-ro



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CAN YOU TELL THE DIFFERENCE?



THE
WINGED TERMITE