

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90025 006 ***150.00

DOCUMENT # L71470

1. Entity Name
GULFSTREAM EXTERMINATING, INC.

Principal Place of Business

1530 CYPRESS DRIVE
SUITE H
JUPITER FL 33469
US

Mailing Address

1530 CYPRESS DRIVE
SUITE H
JUPITER FL 33469
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 **59-1933031**

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

FREEBOLD, CHARLES
2860 FLAMINGO LAKE DR.
WEST PALM BEACH FL 33460

Name **Jeffrey C. Freebold**
 Street Address (P.O. Box Number is Not Acceptable) **7060 High Sierra Circle**
W. Palm Beach
 City **FL** Zip Code **33411**

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 *Jeffrey C. Freebold* **1-14-02**
Signature, type 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P ☐ Delete
FREEBOLD, JEFFERY
7060 HIGH SIERRA CIR.
WEST PALM BEACH FL 33411

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

VP ☐ Delete
FREEBOLD, GREGORY
1413 MICHIGAN DRIVE
LAKE WORTH FL 33461

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

T ☐ Delete
FREEBOLD, CHARLES
2860 FLAMINGO LAKE DRIVE
WEST PALM BEACH FL 33406

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

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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: *Jeffrey C. Freebold* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

5617194710

Daytime Phone #

CR2E034 (9/01)