

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M85163

1. Entity Name
BINGHAM'S TERMITE AND PEST CONTROL, INC.

FILED
Jul 13, 2001 8:00 am
Secretary of State

05-15-2001 90106 042 ***150.00

Principal Place of Business
2550 53RD AVE N
~~487 2ND AVE N~~
ST PETE FL 33714
US

Mailing Address
2550 53RD AVE N
~~487 2ND AVE N~~
ST PETE FL 33714
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 **59-2908586**

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

BINGHAM, JAMES E.
2550 53RD AVE NORTH
ST PETERSBURG FL 33714

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D BINGHAM, JAMES E.** ☐ Delete
STREET ADDRESS **2550 53RD AVE N**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

7/10/01 727-525-7292
Date Daytime Phone #

U121500 AI

CR2E034 (5/01)

Bingham's Termite & Pest Control, Inc.

2550 53rd Avenue North

St. Petersburg, FL 33714

727-525-7292 office

727-526-1796 fax

Attachment

#1785143

7/6/333

7/10/01

Divisions of Corporations

State of Florida

PO Box 1500


Tallahassee, FL 32302-1500

RE: Renewal

Dear Sir:

I have not received the correspondence sent by your office dated 5/24/01. After calling your office I was told to just send the report signed back to you. You have received my check. Please contact me if you need anything further.

Sincerely,


James Bingham
President