

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90065 037 ***150.00

DOCUMENT # M85760

1. Entity Name
JULINGTON CREEK PEST CONTROL, INC.



Principal Place of Business

% BERT BLOOM
1270 LAKEWOOD DR
JACKSONVILLE FL 32259

Mailing Address

% BERT BLOOM
1270 LAKEWOOD DR
JACKSONVILLE FL 32259

2. Principal Place of Business

6680-3 Columbia PARK DR
Suite, Apt. #, etc. SOUTH

3. Mailing Address

6680-3 Columbia PARK DR S.
Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

City & State
JACKSONVILLE FL

Zip
32258

Country
US

City & State
JACKSONVILLE FL

Zip
32258

Country
US

4. FEI Number
59-2902159

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLOOM, BERT
1270 LAKEWOOD DR
JACKSONVILLE FL 32259

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
P ☐ **Delete**
NAME
BLOOM, BERT
STREET ADDRESS
1270 LAKEWOOD DRIVE
CITY-ST-ZIP
JACKSONVILLE FL

TITLE
VT ☐ **Delete**
NAME
MONTGOMERY, JIM
STREET ADDRESS
12249 GOVERNORS DRIVE W
CITY-ST-ZIP
JACKSONVILLE FL

TITLE
S ☐ **Delete**
NAME
MONTGOMERY, MARSHA
STREET ADDRESS
12249 GOVERNORS DR. W
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03 **904.268-8888**

Date

Daytime Phone #

CR2E034 (10/02)