

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000013

1. Entity Name

CHAMPAIGNE PEST CONTROL, L.L.C.

FILED

01 MAY -7 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2213 SETTLERS TRAIL
ORLANDO FL 32837

Mailing Address

2213 SETTLERS TRAIL
ORLANDO FL 32837

2. Principal Place of Business

7118 CALOOSA CT

Suite, Apt. #, etc.

3. Mailing Address

7118 CALOOSA CT

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO FL

4. FEI Number

59-3413403

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CHAMPAIGNE, PAUL D
2213 SETTLERS TRAIL
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

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

7118 CALOOSA CT

City

ORLANDO

FL

Zip Code

32819

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700004375597--7
-06/07/01--01066--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME CHAMPAIGNE, PAUL D
STREET ADDRESS 2213 SETTLERS TRAIL
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE MGR
NAME CHAMPAIGNE, WILLIAM D
STREET ADDRESS 2213 SETTLERS TRAIL
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME CHAMPAIGNE, PAUL D
STREET ADDRESS 7118 CALOOSA COURT
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Change ☐ Addition

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/01

Date

407-240-7766

Daytime Phone #