

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0052320

DOCUMENT # N00000008158

1. Entity Name

THE FUMIGATION ADVISORY COUNSEL, INC.

04-02-2002 90978 013 ****61.25

Principal Place of Business

Mailing Address

1747 INDEPENDENCE BLVD.
SUITE E-8
SARASOTA FL 34234

1747 INDEPENDENCE BLVD.
SUITE E-8
SARASOTA FL 34234

2. Principal Place of Business

3. Mailing Address

6587-66 AVENUE N
Suite, Apt. #, etc.

6587-66 AVENUE N
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

PINELLAS PARK FL

PINELLAS PARK FL

65-1062529

Not Applicable

Zip
33781

Country
USA

Zip
33781

Country
USA

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

MENSING, ROGER G
1747 INDEPENDENCE BLVD.
SUITE E-8
SARASOTA FL 34234

Name
Sean Brantley
Street Address (P.O. Box Number is Not Acceptable)
6587-66 Avenue N
City
Pinellas Park FL Zip Code
33781

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

Sean Brantley Sean Brantley Secretary/Treasurer
(NOTE: Registered Agent signature required when reinstating)

3-20-02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESING, ROGER G 1747 INDEPENDENCE BLVD. SUITE E-8 SARASOTA FL 34234 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, RENATO 1460 N.W. 107TH AVE. UNIT 1 MIAMI FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOX, RON 1959 W. 9TH ST. RIVERIA BEACH FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JEFF 3900 S.W. 2ND CT. FT. LAUDERDALE FL 33312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKERS, MIKE P.O. DRAWER 1793 ORLANDO FL 32802 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Sean Brantley 6587-66 Avenue N Pinellas Park, FL 33781 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

Sean Brantley Sean Brantley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02
Date

727-397-8897
Daytime Phone #

CR2E037 (9/01)