

8/24/01-90006-043-\$550.00-\$550.00

0123110 AT

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000002519****1. Entity Name**  
**AUTOMATIC BUG CONTROL SYSTEMS, INC.****Principal Place of Business**  
1495 SPRUCE ROAD  
WINTER HAVEN FL 33880**Mailing Address**  
PO BOX 1103  
EAGLE LAKE FL 33839-1109FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 SEP 28 PM 3:13

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

59-3617074

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**SANDERLIN, FRANK  
1051 WINDERLY PLACE SUITE 101  
MAITLAND FL 32751

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: D  
NAME: HALL, GREGORY D  
STREET ADDRESS: 1495 SPRUCE ROAD  
CITY-ST-ZIP: WINTER HAVEN FL 33880  
☐ DeleteTITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: D  
NAME: HUGHES, LINDA A  
STREET ADDRESS: 1495 SPRUCE ROAD  
CITY-ST-ZIP: WINTER HAVEN FL 33880  
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CITY-ST-ZIP: ☐ Change ☐ Addition**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 life empowered.****SIGNATURE:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GREGORY D. HALL

8-20-01

Date

Daytime Phone #

CR2034 (5/01)