

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

02-04-2002 90134 004 \*\*\*150.00

**DOCUMENT # P00000010081**

1. Entity Name  
**JEFF'S PEST CONTROL, INC.**

Principal Place of Business  
**1206 NW 7TH CT.**  
**BOYNTON BCH FL 33426**

Mailing Address  
**1206 NW 7TH CT.**  
**BOYNTON BCH FL 33426**

20191



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

4. FEI Number **65-0974319**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

~~GROMKO, PORTER AND ASSOCIATES~~~~306 E BOYNTON BCH BLVD.~~~~BOYNTON BCH FL 33435~~

Name

~~JEFFREY LEE STUBBLEFIELD~~

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

~~1206 NW 7TH COURT~~

City

~~BOYNTON BEACH~~

FL

Zip Code

~~33426~~

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

*Jeffrey L. Stubblefield*  
 Signature (Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/25/02  
 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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STUBBLEFIELD, JEFFREY L</b>	
STREET ADDRESS	<b>1206 NW 7TH CT.</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL 33426</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Jeffrey L. Stubblefield*  
 SIGNATURE (Type or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (9/01)