

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90005 028 ***550.00

DOCUMENT # P00000052243

1. Entity Name

BRANNON PEST CONTROL, INC.

Principal Place of Business

**18580 COUNTY ROAD 252
 MCALPIN FL 32062**

Mailing Address

**18580 COUNTY ROAD 252
 MCALPIN FL 32062**

2. Principal Place of Business

18580 CR 252

3. Mailing Address

18580 CR 252

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MCALPIN

City & State

MCALPIN

Zip

32062

Country

USA

Zip

32062

Country

USA

4. FEI Number

59-3649734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRANNON, JULIAN DONALD
 18580 COUNTY ROAD 252
 MCALPIN FL 32062**

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee 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

TITLE	D	☐ Delete
NAME	BRANNON, JULIAN DONALD	
STREET ADDRESS	18580 COUNTY ROAD 252	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:

NO SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/24/2001

Date

886-76-2339

Daytime Phone #

CR2E034 (5/01)