

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90386 045 ***150.00

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DOCUMENT # P00000053469

1. Entity Name
NEOGUARD PEST ELIMINATION SERVICES, INC.



Principal Place of Business
3816 BECONTREE PLACE
OVIEDO FL 32765

Mailing Address
P.O. BOX 621179
OVIEDO FL 32762-1179

2. Principal Place of Business
139 OCEAN COVE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2590
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
JUPITER, FL
Zip
33477

Country

City & State
JUPITER, FL
Zip
33468-2590

Country

4. FEI Number 59-3652512

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGRATH, WILLIAM P.
3816 BECONTREE PLACE
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name
WILLIAM P. MCGRATH

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

139 OCEAN COVE DRIVE

City
JUPITER

FL

Zip Code
33477

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCGRATH, WILLIAM P
3816 BECONTREE PLACE
OVIEDO FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RUBERTO, SCOTT
340 LYNN STREET
OVIEDO FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCGRATH, WILLIAM P
139 OCEAN COVE DRIVE
JUPITER, FL 33477 ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 (561) 747-2167

Date

Daytime Phone #

CR2E034 (10/02)