

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067660

1. Entity Name
PELICAN PEST CONTROL, INC.

Principal Place of Business
1875 FLORA LANE
VERO BEACH FL 32966

Mailing Address
1875 FLORA LANE
VERO BEACH FL 32966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

66-1030744

Applied For

No: 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

OSSENFORT, DOUGLAS S
1875 FLORA LANE
VERO BEACH FL 32966

Name

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

City

State

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 \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
OSSENFORT, DOUGLAS S
5701 BIRCH DRIVE
FORT PIERCE FL 32966 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
OSSENFORT, ANGELA D
5701 BIRCH DRIVE
FORT PIERCE FL 34982 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-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 like empowered.

SIGNATURE:

Angela Ossenfort / Angela Ossenfort

Date

4/30/01

504-0022

Signature Printed

504-0022

Signature Printed

504-0022

Signature Printed

504-0022

Signature Printed

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Signature Printed

504-0022

CR2E034 (10/00)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90028 034 ***150.00

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DO NOT WRITE IN THIS SPACE

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