

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0032895 AV

DOCUMENT # P00000093972

1. Entity Name
NASSAU PEST CONTROL, INC.

02 MAR 12 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7620 CLUB DUCLAY DRIVE
JACKSONVILLE FL 32224

Mailing Address
7620 CLUB DUCLAY DRIVE
JACKSONVILLE FL 32224

2. Principal Place of Business
10391-6 OLD ST AUGUSTINE RD
Suite, Apt. #, etc.

3. Mailing Address
10391-6 OLD ST AUGUSTINE RD
Suite, Apt. #, etc.

City & State
JACKSONVILLE FL
Zip
32257
Country
USA

City & State
JACKSONVILLE FL
Zip
32257
Country
USA

4. FEI Number 59-7192540
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LABAD, VICTOR L
7620 CLUB DU CLAY DRIVE
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent
Name
ERIBERTO GONZALES
Street Address (P.O. Box Number is Not Acceptable)
10391-6 OLD ST AUGUSTINE RD
City JACKSONVILLE FL Zip 32257

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 3/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D LABAD, VICTOR 7620 CLUB DUCLAY DRIVE JACKSONVILLE FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10391-6 Old St-Augustine Rd Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D GONZALES ERIBERTO 10391-6 OLD ST AUGUSTINE RD JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 3/12/02 (904) 742-3376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)