

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90102 046 ***150.00

DOCUMENT # P01000027865

1. Entity Name
TSL PEST CONTROL, INC.

Principal Place of Business

**3152 BAHIA AVE
HOLIDAY FL 34690**

Mailing Address

**3152 BAHIA AVE
HOLIDAY FL 34690**

B0137210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEL Number

52-2306568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIVINGSTON, TRACY
3152 BAHIA AVE
HOLIDAY FL 34690**

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. 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

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 13, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVS
LIVINGSTON, TRACY
3152 BAHIA AVE
HOLIDAY FL 34690** ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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LIVINGSTON, TRACY
3152 BAHIA AVE
HOLIDAY FL 34690** ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/02 727-9443720

CR2E034 (4/02)

Attachment

TSL PEST CONTROL, INC.
3152 BAHIA AVE.
HOLIDAY, FL

July 22, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: TSL Pest Control, Inc.
Document #: P01000027865
Annual Report 2002

To whom it may concern:


Enclosed please find our annual report completed and signed with our check for the amount of \$150.00.

After speaking with our accountant, we were advised that this form is a second notice and we should have received an annual report previously; and due no later than May 1st.

We never received the first annual report via U. S. Postal or any other type of courier. This is our first year of having to file an annual report as we are a new business. Under the circumstances, we ask that you please waive the late filing fee. We are now knowledgeable of our obligations and promise all future annual fees and reports will be filed in a timely matter.

Your attention to this matter is greatly appreciated.

Sincerely,


Tracy Livingston
Officer