

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-11-2002 90073 045 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO10000048894** ✓

1. Entity Name **Pest Pro, Inc.**

DO NOT WRITE IN THIS SPACE

24535

2. Principal Place of Business
1532 Pickwood Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 940942
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fern Park FL
Zip
32730
Country
USA

City & State
Maitland FL
Zip
32794
Country
USA

4. FEI Number
59-3725302
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee FL Zip Code
32304-2525

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 date if applicable. (NOTE: Registered Agent signature required when reinforcing)

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January - May: Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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
**Pres./Sec./Treas
Donald R. Hodgskin
1532 Pickwood Ave
Fern Park, FL 32730**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 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 on an attachment with an address, with all other files empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/1/02** Daytime Phone #

CR200348 (12/01)