

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90165 005 ***150.00

0519480 AV

DOCUMENT # P01000053120

1. Entity Name
EXCALIBUR TERMITE & PEST CONTROL, INC.



Principal Place of Business
19490 DEVONWOOD CIRCLE
FORT MYERS FL 33912

Mailing Address
19314 PINE GLEN DRIVE
FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

19490 Devonwood Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ft. Myers, FL

City & State

City & State

4. FEI Number 65-1109598

Applied For
Not Applicable

Zip

Country

Zip

Country

33912

US

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ **(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **CAIRO, STEPHEN A**
STREET ADDRESS **19490 DEVONWOOD CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE **VD** ☐ **Delete**
NAME **HOOPER, PETER C**
STREET ADDRESS **19314 PINE GLEN DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE **SD** ☐ **Delete**
NAME **HOOPER, ANN MARIE**
STREET ADDRESS **19314 PINE GLEN DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE **TD** ☐ **Delete**
NAME **CAIRO, AMEDEA**
STREET ADDRESS **19490 DEVONWOOD CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/29/03

Date

239-340-2724

Daytime Phone #

CR2E034 (10/02)