

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90259 011 ***150.00

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DOCUMENT # P01000057752

1. Entity Name

A-1 SUPERIOR PEST CONTROL, INC.



Principal Place of Business

~~6200 STURGIS ST.~~ 340 Tamiami Trl
~~ENGLEWOOD FL 34224~~ Port Charlotte
FLA 33953.

Mailing Address

~~6200 STURGIS ST.~~ 340 Tamiami Trl
~~ENGLEWOOD FL 34224~~ Port Charlotte
FLA, 33953.



2. Principal Place of Business

340 Tamiami Trl

3. Mailing Address

340 Tamiami Trl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Port Charlotte FL

City & State

Port Charlotte FL

4. FEI Number

65-1117863

Applied For

Not Applicable

Zip

33953

Country

USA

Zip

33954

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, BRIAN

~~6200 STURGIS ST.~~ 340 Tamiami Trail
~~ENGLEWOOD FL 34224~~ Port Charlotte, FL 33953.

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 for 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

4/29/03.

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

TITLE PTS
NAME SCOTT, BRIAN
STREET ADDRESS ~~6200 STURGIS ST.~~ 340 Tamiami Trail
CITY-ST-ZIP ~~ENGLEWOOD FL 34224~~ Port Charlotte, FL 33953

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 340 Tamiami Trl
CITY-ST-ZIP Port Charlotte FL 33953

☐ Change

☐ Addition

TITLE
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☐ Change

☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03. (941)624-2111

Date

Daytime Phone #

CR2E034 (10/02)