

5/29

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 19, 2002 8:00 am
Secretary of State

05-29-2002 90686 030 ***150.00

DOCUMENT # P01000064159

1. Entity Name

JOSEPHINE'S PEST MANAGEMENT SERVICE, INC.

Principal Place of Business

**6035 KRACKER AVE
GIBSONTON FL 33534**

Mailing Address

**6035 KRACKER AVE
GIBSONTON FL 33534**

2. Principal Place of Business

6035 KRACKER AVE

Suite, Apt. #, etc.

3. Mailing Address

6035 KRACKER AVE

Suite, Apt. #, etc.

City & State

Gibsonton FL

City & State

Gibsonton FL

4. FEI Number

54-3471181

Applied For

Not Applicable

Zip

Country

Zip

Country

33534**Hills****33534****Hills**

6. Certificate of Status Desired

**\$8.75: Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, JOSEPHINE D
6035 KRACKER AVE
GIBSONTON FL 33534**

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.

SIGNATURE

Josephine Roberts
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 \$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	DPST ROBERTS, JOSEPHINE D 6035 KRACKER AVE GIBSONTON FL 33534 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBERTS, CHARLES L SR 6035 KRACKER AVE GIBSONTON FL 33534 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 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
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:

Josephine Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**5-23-02**

Date

813 677-2198

Daytime Phone #

CR2E034 (9/01)