

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90969 024 \*\*\*150.00

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**DOCUMENT # P01000067446**

1. Entity Name  
**ACCESS TERMITE PEST CONTROL, INC.**



Principal Place of Business  
**3617 CROWN POINT RD. SUITE #1  
JACKSONVILLE FL 32257**

Mailing Address  
**PO BOX 24668  
JACKSONVILLE FL 32244-4668**

2. Principal Place of Business  
**4019 Cedar Island Rd E**  
Suite, Apt. #, etc.

3. Mailing Address  
**← Same**  
Suite, Apt. #, etc.

City & State  
**Jacksonville FL**

City & State

4. FEI Number  
**59-3728552**

Applied For  
Not Applicable

Zip  
**32250**

Country  
**USA**

Zip

Country

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

**HERNANDEZ, MEREDITH A  
3617 CROWN POINT RD, SUITE #1  
JACKSONVILLE FL 32257**

Name  
**Michealyn C Adams**

Street Address (P.O. Box Number is Not Acceptable)

**1112 THIRD ST.**

**Suite 7**

City  
**Neptune Beach**

**FL**

Zip Code  
**32266**

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 **Registered Agent** **4/30/03**  
Signature typed or printed name of registered agent and title if applicable. (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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD-  
ELDRIDGE, DAVID T  
P O BOX 24668  
JACKSONVILLE FL 32241-4668** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/29/03**

**904.733 2255**

Date

Daytime Phone #

CR2E034 (10/02)