

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90228 011 \*\*\*150.00

**DOCUMENT # P01000093692**

1. Entity Name  
**B&B DO YOUR OWN PEST CONTROL STORE, INC.**



Principal Place of Business  
**1878 NORTH TAMiami TRAIL  
NORTH FORT MYERS FL 33903**

Mailing Address  
**1878 NORTH TAMiami TRAIL  
NORTH FORT MYERS FL 33903**

**55046528**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1142692**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARROW, PAUL L  
3501-302 DEL PRADO BLVD.  
CAPE CORAL FL 33904**

Name  
**Larrow, Paul L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3501-302 DEL PRADO BLVD**  
**CAPE CORAL FL 33904**

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

*Paul L. Larrow*  
**PAUL L. LARROW**

**01/10/2003**  
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

TITLE **D** ☐ Delete  
NAME **BENNETT, ROBERT**  
STREET ADDRESS **12520 PALM BEACH BLVD.**  
CITY-ST-ZIP **FORT MYERS FL 33918**

TITLE **D** ☐ Delete  
NAME **BENNETT, PAMELA**  
STREET ADDRESS **512520 PALM BEACH BLVD.**  
CITY-ST-ZIP **FORT MYERS FL 33918**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME **Bennett Pamela**  
STREET ADDRESS **12520 Palm Beach Blvd.**  
CITY-ST-ZIP **Fort Myers, FL 33918**

TITLE ☐ Change ☒ Addition  
NAME **Larrow Paul L.**  
STREET ADDRESS **3501-302 Del Prado Blvd.**  
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE ☐ Change ☒ Addition  
NAME **Don Adams**  
STREET ADDRESS **12520 Palm Beach Blvd.**  
CITY-ST-ZIP **Fort Myers, FL 33918**

TITLE ☐ Change ☐ Addition  
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 REQUIRED**

**6-10-03**

**239-690-2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

**DAVID L. T. ADAMS**

CP2E034 (10/02)

CCAS Corporation  
3501 Del Prado Blvd Suite 312  
Cape Coral, FL 33904  
239-542-2558

*attachment*  
*#PD1000093092*  
  
*55048528*

**TAX RETURN FILING INSTRUCTIONS**

**FORM PROFIT CORPORATION ANNUAL REPORT**

Date: January 9, 2003

Client: **B&B DO YOUR OWN PEST CONTROL STORE INC.**

Tax Period: Annual 2003

Return Due Date: May 1, 2003

Fee Due: \$150.00

Penalty Due: (\$400.00 if received after May 1, 2003)

Amount Due: \$150.00

Make check payable to Florida Department of State.

Sign and date return

Mail return to:

Division of Corporations  
Annual Reports Filing  
PO Box 1500  
Tallahassee, Florida 32302-1500

Please review the contents of any forms included with this report. If there are any questions, contact this office immediately.