

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90128 009 ***150.00

DOCUMENT # P01000095435

1. Entity Name

H&A PEST CONTROL, INC.

Principal Place of Business

**6162 NW EAST DEVILLE CIRCLE
PORT ST LUCIE FL 34986**

Mailing Address

**6162 NW EAST DEVILLE CIRCLE
PORT ST LUCIE FL 34986**

2. Principal Place of Business

3. Mailing Address

PO Box 12331

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Pierce FL

4. FEI Number

26-0007082

Applied For

Not Applicable

Zip

Country

Zip

Country

34979

ST LUCIE

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

PANER, NANCY

**6162 NW EAST DEVILLE CIRCLE
PORT ST LUCIE FL 34986**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DEBOUT, CHARLES**
STREET ADDRESS **POST OFFICE BOX 12331**
CITY-ST-ZIP **FORT PIERCE FL 34979**

TITLE ☒ Change ☐ Addition
NAME **DEBOUT CHARLES**
STREET ADDRESS **3202 HAWTHORNE ST**
CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☐ Delete
NAME **PANER, NANCY**
STREET ADDRESS **6162 NW EAST DEVILLE CIRCLE**
CITY-ST-ZIP **PORT ST LUCIE FL 34986**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 a other like empowered.

SIGNATURE:

Nancy Paner **NANCY PANER**

1-31-02 561 873 9810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)