

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90127 004 ***150.00

DOCUMENT # P01000095652

1. Entity Name
GUMP PEST CONTROL, INC.

Principal Place of Business
4851 NW 103RD AVE. SUITE #44F
SUNRISE FL 33351

Mailing Address
4851 NW 103RD AVE. SUITE #44F
SUNRISE FL 33351

2. Principal Place of Business
4851 NW 103rd AVE
 Suite, Apt. #, etc.
55 F

3. Mailing Address
4851 NW 103rd AVE
 Suite, Apt. #, etc.
55 F

City & State
SUNRISE FL

City & State
SUNRISE FL

4. FEI Number
65 0996933

Applied For
Not Applicable

Zip
33351

Country
BROWARD

Zip
33351

Country
BROWARD

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FORREST, MARJORIE A
4851 NW 103RD AVE, SUITE #44F
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name **MARJORIE A FORREST**
Street Address (P.O. Box Number is Not Acceptable)
4851 NW 103rd Avenue
Suite # 55 F
City **SUNRISE** **FL** **Zip Code** **33351**

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

4/19/02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FORREST, GERNETT	
STREET ADDRESS	4851 NW 103RD AVE, SUITE #44F	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERNETT FORREST	
STREET ADDRESS	4851 NW 103rd Avenue STE # 55 F	
CITY-ST-ZIP	SUNRISE, FLORIDA 33351	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARJORIE A FORREST	
STREET ADDRESS	4851 NW 103rd Avenue STE # 55 F	
CITY-ST-ZIP	SUNRISE FLORIDA 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 (954) 578-6844
Date Daytime Phone #

CR2E034 (9/01)