

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1042

DOCUMENT # **PO2 000063309**

1. Entity Name
Cody Pest Management Inc
150 Kent Rd Ste 2A St Augustine FL



FILED

04 MAY 17 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
150 Kent Rd Ste 2A
Suite, Apt. #, etc. **2A**

3. Mailing Address
150 Kent Rd
Suite, Apt. #, etc. **Ste A**

City & State **St Augustine FL** City & State **St Augustine FL**

Zip **32086** County **Volusia** Zip **32086** County **Volusia**

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

4. Filing Number
01-0708269

Applied For ☐ Not Applicable ☒

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

7. Name and Address of Current Registered Agent

Name **Loguidice DE**

Street Address (P.O. Box Numbers Not Acceptable)
1515 Ridge Wood Ave

City **St A**

City **Holly Hill** FL **32117**

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 DATE **4/30/04**

Signatures, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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			
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **4/30/04** **1386/304-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2052

Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399
Attn: Kathy Ashton

May 5, 2004

Dear Kathy:

This letter is to inform your office of the problems made by the state processor who entered updated information on our UBR form from the year of 2002. Please find enclosed a copy of the UBR form submitted by our office updating the mailing address and principal place of business. Your office can plainly see the address, but in the information up dated by the state it is not even close to being right. your office never contacted us and told us of the admin dissolution or that we were no longer an active entity. After speaking to Kathy Ashton, she advised me due to the errors made by the state all penalties would be waved and to summit a check for \$350. 00 written to the dep of state for the years of 2003 and 2004. Enclosed you will find the UBR form and a check. Our office thanks you ever so much for taking care of this matter.

Sincerely,
Cody Pest Management, Inc