2003 FOR PROFIT CORPORATION

Mailing Address

7316 MANATEE AVE W #111

**BRADENTON FL 34209** 

## UNIFORM BUSINESS REPORT (UBR) P02000070227 **DOCUMENT#**

1. Entity Name

Principal Place of Business

7316 MANATEE AVE W #111 **BRADENTON FL 34209** 

ALLMIGHTY TERMITE & PEST CONTROL SERVICES, INC.



May 05, 2003 8:00 am Secretary of State
05-05-2003 90210 046 \*\*\*150.00 **FILED** 

_ '	ace of Business	3. Mailing Address				A BOULD BOOK BOOK IS	AL 1840 1666		
7316	MANATERANG WHILL	7316 MANATER AVE W+11			<i>/</i> .	\			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	☑ CHECK HEF	RE IF MAKING C	CHANGES		
	reason paragion	City & State		CO P	& FEI Number	<del></del>	T IAF	plied For	7
City & State	ENTON OF FL	BRADENTON	EL	(	4. FEI Number 61-141787	12		ot Applicable	١.
Zip	Country	Zip ,	Country			•	8.75 Add		1
3420	9 MANATER	34209	MANATE	ا ع	<ol><li>Certificate of Status Desired</li></ol>		ee Require		1
	6. Name and Address of Current R	egistered Agent			7. Name and Address of Nev	v Registered Ag	ent	,	1
GRANT, J	Name JACQUELINE D. C-ZANT  Street Address (P.O. Box Number is Not Acceptable)  3800 RIJER VIEW BLUD								
619 CASA	3800 RIVERVIEW BLUD								
BRADENTON FL 34209									1
	City B	RAVEN	ITM	FL	Zip Code 3 4 2	205	].		
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 OACQUELLE D. Drant									
	Signature, tried or printed name of registered agent an	d title if applicable. (NOTE	:: Hegistered Agent signat	are required wh	en reinstating)	DAIE			┨
Fì			9. Election Campaign	Financing	\$5.0	<b>0</b> May Be			
After Make Check			Trust Fund Contribu	ution.		to Fees			
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I							S IN 11	┨	
TITLE	P	Delete	TITLE				Change	Addition	18
NAME	GRANT, JACQUELINE D	□ Delete	NAME	HAZI	LY R. GRANT		onango		7
STREET ADDRESS	619 CASABELLA DR		STREET ADDRESS	3800	EIVEZVIEW B	L13	_		1
CITY-ST-ZIP	BRADENTON FL 34209		CITY-ST-ZIP	B124	DENTON, FL	34205			5
TITLE	Ť	☐ Delete	TITLE	P		Ī	Change	Addition	وَ [
NAME	GRANT, HARRY R		NAME	JACE	QUELLINE D. G	24NT	•	•	1
STREET ADDRESS	619 CASABELLA DR		STREET ADDRESS		RAVERVIEW				
CITY-ST-ZIP	BRADENTON FL 34209		CITY-ST-ZIP	1324	DENTIM FL 3	4205			1
TITLE	<b>V</b>	Delete	TITLE			[	Change	☐ Addition	1
NAME	FREY, DAVID G		NAME						
STREET ADDRESS	1102 HARVARD AVE	•	STREET ADDRESS						
CITY-ST-ZIP	BRADENTON FL 34207		CITY-ST-ZIP						}
TITLE	S SOUTH PART PARTY A	Delete	TITLE			L	Change	☐ Addition	
NAME	COUTERMARSH, DOROTHY C		NAME STREET ADDRESS		`				
STREET ADDRESS CITY-ST-ZIP	1102 HARVAHU AVE		CITY-ST-ZIP						
	BRADENTON FL 34207						Change	☐ Addition	1
TITLE NAME	•	☐ Delete	TITLE NAME			L	Unange	□ Vaoitiott	
STREET ADDRESS			STREET ADDRESS	] .					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	1	<u> </u>		Change	Addition	1
NAME	•	DUIDIO	NAME			<u>-</u>			
STREET ADDRESS			STREET ADDRESS			•		-	
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby o	ertify that the information supplied with t	his filing does not qualify for	the exemption sta	ted in Secti	on 119.07(3)(i), Florida Statute	s. I further certif	y that the ir	nformation	1

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:**