

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90190 026 ***150.00

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DOCUMENT # P02000103141

1. Entity Name
HIBBS PEST CONTROL, INC.



Principal Place of Business
**12100 NW 23RD MANOR
CORAL SPRINGS FL 33065**

Mailing Address
**12100 NW 23RD MANOR
CORAL SPRINGS FL 33065**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
12100 N.W. 23rd manor
Suite, Apt. #, etc.

3. Mailing Address
12100 NW 23rd manor
Suite, Apt. #, etc.

City & State
Coral Springs FL

City & State
Coral Springs, FL

4. FEI Number
22-3873984

Applied For
☐ Not Applicable

Zip
33065

Country
USA

Zip
33065

Country
USA

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

**HIBBS, DUANE
12100 NW 23RD MANOR
CORAL SPRINGS FL 33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIBBS, DUANE 12100 NW 23RD MANOR CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DUANE HIBBS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

954-227-1706

Date Daytime Phone #

CR2E034 (10/02)