

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90254 027 ***158.75

DOCUMENT # P02000127857

1. Entity Name
SPOT-LITE AACTION PEST CONTROL, INC.



Principal Place of Business
**273 TAYLOR LN. NW
PORTCHARLOTTE FL 33952**

Mailing Address
**273 TAYLOR LN. NW
PORTCHARLOTTE FL 33952**



2. Principal Place of Business
273 TAYLOR LN
Suite, Apt. #, etc.

3. Mailing Address
273 TAYLOR LN
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PT. CHAR

City & State
FL

4. FEI Number
320057286

Applied For
☐ Not Applicable

Zip
33952

Country
Charlotte

Zip
33952

Country
Charlotte

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

**CHEARS, JAMES T
273 TAYLOR LN. NW
PORTCHARLOTTE FL 33952**

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
CHEARS, JAMES T
273 TAYLOR LN. NW
PORTCHARLOTTE FL 33952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHEARS, ANNA M
273 TAYLOR LN. NW
PORTCHARLOTTE FL 33952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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: **ANNA M. CHEARS** 2/9/03 941-625-6887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (10/02)