

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012187

1. Entity Name
TEKEY'S PEST CONTROL, INC.

FILED

02 SEP 17 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

~~3705 CRAWFORDVILLE RD~~
TALLAHASSEE FL 32310

Mailing Address

P.O. BOX 7558
TALLAHASSEE FL 32314-7558
US

2. Principal Place of Business

721 W. 4th Ave

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

4. FEI Number 59-3258250

Applied For

Not Applicable

Zip

32304

Country

USA

Zip

Country

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

WILLIAMS, HAYWOOD SR

~~3705 CRAWFORDVILLE RD~~ 721 W. 4th Ave
TALLAHASSEE FL 32310 04

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME WILLIAMS, KELLEAN T
STREET ADDRESS 721 W 4TH AVE
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Change ☐ Addition
NAME 300007853423--4
STREET ADDRESS -09/19/02--01080--005
CITY-ST-ZIP *****275.00 *****275.00

TITLE P ☐ Delete
NAME WILLIAMS, TENOLA
STREET ADDRESS 721 W 4TH AVE
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Change ☐ Addition
NAME 300007853423--4
STREET ADDRESS -09/19/02--01080--006
CITY-ST-ZIP *****275.00 *****275.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Kellean T Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/02 (850) 877-6242

Date

Daytime Phone #

CR2E034 (4/02)

0114840 A1