

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041781

1. Entity Name

PAUL & SONS PEST CONTROL, INC.

Principal Place of Business

5512 SOUTH TAMPA AVENUE  
ORLANDO FL 32839

Mailing Address

5512 SOUTH TAMPA AVENUE  
ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3211734

Applied For

Not Applicable

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

HAMPTON, ISHMAIL P  
5512 SOUTH TAMPA AVENUE  
ORLANDO FL 32809

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 P  
NAME HAMPTON, ISHMAIL P  
STREET ADDRESS 5512 SOUTH TAMPA AVENUE  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

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  
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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:

ISHMAIL P HAMPTON  
PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP 9-02 4678596010  
Date Daytime Phone #

FILED  
Sep 11, 2002 8:00 am  
Secretary of State

09-11-2002 90066 030 \*\*\*150.00

010411



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment

929471

PAUL & SON'S PEST CONTROL  
5512 S. TAMPA AVENUE  
ORLANDO, FLORIDA 32839

September 1, 2001

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 6327  
Tallahassee, Florida 32302-1500

Reference: Document #P930000417181  
Paul & Sons Pest Control

Gentlemen:

In reference to the talk I had with one of your office staff members, she advised me to go ahead and send in the \$150.00 and perhaps you would accept my reason for not taking care of this matter. I do not remember receiving an invoice in April for this. It could be the document in question was lost in the office or in the mail. I have been in and out of the office a lot this year.

We would appreciate your consideration in this matter and I thank you. Thank you.

Sincerely,



Ishmail P. Hampton  
President

Enclosures