

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0631960 AV

DOCUMENT # P93000074627

1. Entity Name

CITRUS PEST CONTROL, INC.

03-14-2002 90070 027 ***150.00

Principal Place of Business

**4953 S ARDEN TERRACE
 INVERNESS FL 34452
 US**

Mailing Address

**4953 S ARDEN TERRACE
 INVERNESS FL 34452
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3210184

Applied For

Not Applicable

Zip

Country

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

**KOVACT, MICHAEL
 106 NORTH OSCEOLA AVENUE
 INVERNESS FL 34450**

Name **THOMAS SPRAGG**

Street Address (P.O. Box Number is Not Acceptable)

4953 S. ARDEN TERRACE

City **INVERNESS**

FL

Zip Code **34452**

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.

SIGNATURE *Thomas Spragg*
 Signature, typed or printed name of registered agent and title if applicable.

THOMAS SPRAGG PRESIDENT

DATE

3/14/02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PD** ☐ Delete
 NAME **SPRAGG, THOMAS**
 STREET ADDRESS **4953 S ARDEN TERRACE**
 CITY-ST-ZIP **INVERNESS FL 34452**

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

TITLE **SD** ☐ Delete
 NAME **SPRAGG, KAREN FAYE**
 STREET ADDRESS **4953 S ARDEN TERRACE**
 CITY-ST-ZIP **INVERNESS FL 34452**

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

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: *Thomas Spragg*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS SPRAGG

Date

Daytime Phone #

3/14/02 352-637-0037

CR2E034 (9/01)