

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024016

1. Entity Name

NATIONWIDE TERMITE AND PEST CONTROL, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90085 028 ***150.00

Principal Place of Business

Mailing Address

1255 BELLE AVENUE
 SUITE 153
 WINTER SPRINGS FL 32708

1255 BELLE AVENUE
 SUITE 153
 WINTER SPRINGS FL 32708-2700

2. Principal Place of Business

670 E. S.R. 434

3. Mailing Address

670 E. S.R. 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Spg Fl.

Winter Spg Fl.

Zip 32708

County Seminole

Zip 32708

County Seminole

4. FEI Number

59-3232158

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

SQUIRES, T GREY ESQ.
 201 SOUTH ORANGE AVENUE
 SUITE 900
 ORLANDO FL 32801

Name

Squires, T Grey

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

940 Highland Ave

City

Orlando

FL

Zip Code

32803

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

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 \$150.00
After MAY 1, 2000 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PCEO
 TODD, RICHARD
 2420 HOFFNER AVENUE
 ORLANDO FL 32809 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE: TEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #