

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90121 011 ***150.00

DOCUMENT # P94000063788

1. Entity Name

ALLSTAR PROFESSIONAL TERMITE & PEST CONTROL INC.

Principal Place of Business

**12520 PALM BEACH BLVD.
 FORT MYERS FL 33905
 US**

Mailing Address

**12520 PALM BEACH BLVD.
 FORT MYERS FL 33905
 US**

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

65-0521801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, PAMELA M
 12520 PALM BEACH BLVD.
 FORT MYERS FL 33905**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE



Change of Address or Business Name

Complete this form, sign it, and mail it with your return if:

- the address below is not correct
- the business location changes within the same county
- the business name changes

If you move your business location to another county or you have a change of legal entity, you must complete a new **Application to Collect and/or Report Tax in Florida (DR-1)**. To obtain this form: visit our Internet site at www.myflorida.com/dor; contact your local Department of Revenue service center; call Taxpayer Services at 1-800-352-3671 (in Florida only); or call our Fax on Demand system, 850-922-3676, from your fax machine telephone.

46-07-071087-93-3
 560 PINE ISLAND RD STE 6
 FORT MYERS FL 33903-3701

**ALLSTAR PRO TERMITE & PEST CONTROL INC
 12520 PALM BEACH BLVD
 FORT MYERS FL 33905-1970**

FEIN of Entity

☐ ☐ - ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Or

SSN Owner

☐ ☐ ☐ - ☐ ☐ - ☐ ☐ ☐ ☐

SSN Spouse

☐ ☐ ☐ - ☐ ☐ - ☐ ☐ ☐ ☐

New
 Location

Business Location

City _____ State _____ ZIP _____

Business Telephone (_____) _____ County _____

New
 Address

In Care of

Mailing Address _____

City _____ State _____ ZIP _____

Owner's Telephone (_____) _____ County _____

New
 Business
 Name

Signature of Taxpayer (Required)

2-12-02
 Date

CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert W. Bennett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-02 941-690-2500