

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90232 036 ***150.00

DOCUMENT # P94000063788

1. Entity Name
ALLSTAR PROFESSIONAL TERMITE & PEST CONTROL INC.



Principal Place of Business
560 PINE ISLAND RD STE 6
FORT MYERS FL 33903
US

Mailing Address
12520 PALM BEACH BLVD.
FORT MYERS FL 33905
US



2. Principal Place of Business
12520 Palm Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Myers FL
Zip
33905
Country
U.S.A.

City & State

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	OPT	<input type="checkbox"/> Delete
NAME	BENNETT, ROBERT W	
STREET ADDRESS	41120 LITTLE FARM ROAD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BENNETT, PAMELA M	
STREET ADDRESS	41120 LITTLE FARM ROAD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bennett, Robert W.	
STREET ADDRESS	41120 Little Farm Rd.	
CITY-ST-ZIP	Punta Gorda, FL	
TITLE	D, COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bennett, Pamela M.	
STREET ADDRESS	41120 Little Farm Rd.	
CITY-ST-ZIP	Punta Gorda, FL	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Larrow	
STREET ADDRESS	3501 Del Prado Blvd Suite 312	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adams, Daniel	
STREET ADDRESS	12520 Palm Beach Blvd.	
CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE	NP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colneri, Sherry	
STREET ADDRESS	12520 Palm Beach Blvd.	
CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

CCAS Corporation
3501 Del Prado Blvd Suite 312
Cape Coral, FL 33904
239-542-2558

Attachmate

80029715

#P9400006378

TAX RETURN FILING INSTRUCTIONS

FORM PROFIT CORPORATION ANNUAL REPORT

Date: January 17, 2003

Client: ALLSTAR PROFESSIONAL TERMITE & PEST INC.

Tax Period: Annual 2003

Return Due Date: May 1, 2003

Fee Due: \$150.00

Penalty Due: (\$400.00 if received after May 1, 2003)

Amount Due: \$150.00

Make check payable to Florida Department of State.

Sign and date return

Mail return to:

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

Please review the contents of any forms included with this report. If there are any questions, contact this office immediately.