

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90120 020 \*\*\*150.00

0083854 AV

**DOCUMENT # P94000064039**

1. Entity Name

**BEST EXTERMINATING SERVICES, INC.**

Principal Place of Business

Mailing Address

~~1620 N HWY 427~~  
~~LONGWOOD FL 32750~~  
~~US~~

~~1620 N HWY 427~~  
~~LONGWOOD FL 32750~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

*2530 Sanford Ave*  
 Suite, Apt. #, etc.  
*Sanford Fla Unit 104*  
 City & State  
*Sanford Fla*  
 Zip  
*32771*  
 Country  
*US*

*2530 Sanford Ave*  
 Suite, Apt. #, etc.  
*Unit 104*  
 City & State  
*Sanford Fla*  
 Zip  
*32771*  
 Country  
*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3276438**

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

**POWELL, HARRY E**

~~412 SHOREWOOD LANE~~  
**NEW SMYRNA BCH FL 32169**

Name

*Powell Harry E.*

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

*836 E Clutch Ave*

City

*New Smyrna Bch*

**FL**

Zip Code

*32169*

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>POWELL, HARRY E</b>	
STREET ADDRESS	<del>412 SHOREWOOD LANE</del> <i>836 11th Ave</i>	
CITY-ST-ZIP	<del>NEW SMYRNA BCH FL 32169</del> <i>New Smyrna Bch FL 32169</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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

*Harry E. Powell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/28/02* *1800-2980514*  
 Date Daytime Phone #

CR2E034 (9/01)