

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91174 041 ***158.75

DOCUMENT # P94000064194

1. Entity Name
SUPERIOR TERMITE AND PEST CONTROL, INC.



Principal Place of Business
**2011 NE 8TH ROAD
OCALA FL 34470
US**

Mailing Address
**2011 NE 8TH ROAD
OCALA FL 34470
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 **59-3266306**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MAY, ROBERT C
4535 S.E. 13TH ST.
OCALA FL 34471**

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
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MAY, ROBERT C | |
| STREET ADDRESS | 4535 S.E. 13TH ST. | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | MAY, ANNETTE C | |
| STREET ADDRESS | 4535 S.E. 13TH ST. | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | MAY, ROBERT C | |
| STREET ADDRESS | 4535 SE 13TH ST | |
| CITY-ST-ZIP | OCALA FL 34471 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | MAY, ANNETE | |
| STREET ADDRESS | 4535 SE 13TH ST | |
| CITY-ST-ZIP | OCALA FL 34471 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Thomas wilding | |
| STREET ADDRESS | 4411 NE 3rd St. | |
| CITY-ST-ZIP | Ocala FL 34470 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 |
| 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

Date

Daytime Phone #

4/8/03

352-867-0885

CR2E034 (10/02)