

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90071 050 ***150.00

DOCUMENT # P94000085156

1. Entity Name
HIGH TECH PEST CONTROL & AQUATICS, INC.

Principal Place of Business

5201 GORHAM CT
TAMPA FL 33624
US

Mailing Address

PO B 271908
TAMPA FL 33688
US

400251



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

29412 SWINNECOCK HILLS LN

3. Mailing Address

Suite, Apt. #, etc.

City & State

SAN ANTONIO, FL.

City & State

4. FEI Number 59-3274480

Applied For

Not Applicable

Zip

33576

Country

PASCO

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHAGAN, WILLIAM C
5201 GORHAM CT
TAMPA FL 33688

7. Name and Address of New Registered Agent

Name

Same

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

29412 SWINNECOCK HILLS LANE

City

SAN ANTONIO

FL

Zip Code

33576

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PHAGAN, WILLIAM C	
STREET ADDRESS	5201 GORHAM CT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	L.A. PHAGAN	
STREET ADDRESS	Same as above	
CITY-ST-ZIP	TAMPA, FL. 33688	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	29412 SWINNECOCK HILLS LANE	
CITY-ST-ZIP	SAN ANTONIO, FL. 33576	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L.A. PHAGAN	
STREET ADDRESS	Same as above	
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/02

CR2E034 (9/01)