

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90421 036 \*\*\*150.00

**DOCUMENT # P95000003428**

1. Entity Name

**CARSON PEST CONTROL, INC.**

Principal Place of Business

Mailing Address

**440 SKINNER BLVD  
DUNEDIN FL 34698  
US****440 SKINNER BLVD  
DUNEDIN FL 34698-4938  
US**

2. Principal Place of Business

**440 DOUGLAS AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**440 DOUGLAS AVE.**

Suite, Apt. #, etc.

City &amp; State

**DUNEDIN, FL.**

City &amp; State

**DUNEDIN, FL.**

Zip

**34698**

Country

**PINELLAS**

Zip

**34698**

Country

**PINELLAS**

6. Name and Address of Current Registered Agent

**CARSON, JOHN  
4338 LAVENDER DR  
PALM HARBOR FL 34685**

4. FEI Number

**59-3293461**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**JOHN L. CARSON, PRESIDENT 4-21-00**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, 2000 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	PT	<input type="checkbox"/> Delete
NAME	CARSON, JOHN	
STREET ADDRESS	4338 LAVENDEN DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
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	VICE-PRESIDENT, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID C. CARSON	
STREET ADDRESS	2690 CORAL LANDINGS BLVD #211	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN L. CARSON**

Date

**4-21-00**

Daytime Phone #

**727-734-8687**

CR2E034 (9/99)