

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012398

1. Entity Name

ROYAL PEST SERVICES, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90234 006 \*\*\*150.00

Principal Place of Business

11251 BUSINESS PARK BLVD  
STE 1  
JACKSONVILLE FL 32256  
US

Mailing Address

11251 BUSINESS PRK BLVD  
STE 1  
JACKSONVILLE FL 32256  
US

00031044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7011 Business Park Blvd N  
Suite, Apt. #, etc.  
Ste 102

3. Mailing Address

7011 Business Park Blvd N  
Suite, Apt. #, etc.  
Ste 102

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3295970

Applied For

Not Applicable

Zip

32256

Country

Duval

Zip

32256

Country

Duval

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

HARRINGTON, JAMES G  
11251 BUSINESS PARK BLVD  
STE 1  
JAX FL 32256

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

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, 2001 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 ☐ Delete  
NAME V  
STREET ADDRESS JANUARY, KURT  
CITY-ST-ZIP 5350 ARLINGTON EXPRESSWAY #2401  
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCDEVITT, PHIL  
CITY-ST-ZIP 357 CROSSROAD LAKES DR  
PONTE VEDRA BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS HARRINGTON, JENNIFER  
CITY-ST-ZIP 12715 BURNING TREE LN E  
JAX FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HARRINGTON, JAMES G.  
CITY-ST-ZIP 12715 BURNING TREE LANE E  
JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

James G Harrington 4/18/01

Date

904-886-2847

Daytime Phone #

CR2E034 (10/00)