

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90002 043 ***150.00

DOCUMENT # P95000039523

1. Entity Name

B & B PEST CONTROL, INC.

Principal Place of Business

**1331 GUARDIAN AVE
 VENICE FL 34292
 US**

Mailing Address

**1331 GUARDIAN AVE
 VENICE FL 34292
 US**

2. Principal Place of Business

**151 N. TAMiami TRAIL
 Suite, Apt. #, etc.**

3. Mailing Address

**151 N. TAMiami TRAIL
 Suite, Apt. #, etc.**

City & State

Osprey, FL

City & State

Osprey FL

4. FEI Number

65-0581698

Applied For

Not Applicable

Zip

34229

Country

SARASOTA

Zip

34229

Country

SARASOTA

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

STANLEY, WILLIAM E (BILL)

2918 ARLINGTON ST.

SARASOTA FL 34239

**1331 Guardian Dr
 Venice, FL 34292**

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 **P** ☐ Delete
 NAME **STANLEY, WILLIAM E**
 STREET ADDRESS **1331 GUARDIAN AVE**
 CITY-ST-ZIP **VENICE FL 34292**

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

TITLE **ST** ☐ Delete
 NAME **STANLEY, EILEEN**
 STREET ADDRESS **1331 GUARDIAN AVE**
 CITY-ST-ZIP **VENICE FL 34292**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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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: **William E Stanley**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. STANLEY

2-9-01
 Date

941 365-8842
 Daytime Phone #

CR2E034 (10/00)

0407242