

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044122

1. Entity Name

TREASURE COAST TERMITE INSPECTORS, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90926 003 \*\*\*150.00

Principal Place of Business

Mailing Address

3878 SW SAILFISH DR  
 PALM CITY FL 34990  
 US

3878 SW SAILFISH DR  
 PALM CITY FL 34990-3822  
 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 **65-0592554**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, HENRY F  
 3153 SO. KANNER HIGHWAY  
 STUART FL 34994

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **PRICE, HENRY F**  
 STREET ADDRESS **3153 SO. KANNER HIGHWAY**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE ☒ Change ☐ Addition  
 NAME **3878 SW SAILFISH DRIVE**  
 STREET ADDRESS **PALM CITY FL 34990**  
 CITY-ST-ZIP

TITLE **VS** ☐ Delete  
 NAME **PRICE, MARTHA R**  
 STREET ADDRESS **3153 SO. KANNER HIGHWAY**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE ☒ Change ☐ Addition  
 NAME **3878 SW SAILFISH DRIVE**  
 STREET ADDRESS **PALM CITY FL 34990**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

5612838986

Daytime Phone #

CR2E034 (9/99)