

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P95000053535

1. Entity Name
Pettis Termite & Pest Control Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 26 AM 11:12

Principal Place of Business
1715 DHD Ave.
Lynn Haven FL 32444

Mailing Address
P.O. Box 1441
Lynn Haven FL 32444

2. Principal Place of Business
1715 DHD Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1441
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lynn Haven

City & State
Lynn Haven

Zip
32444

Country
Bay

4. FEI Number
593328202

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Michael Pettis
P.O. Box 8327 1163 Buchanan St.
Southport FL 32409

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 _____ (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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Michael Pettis
P.O. Box 8327
Southport FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secy
Kimberly Pettis
P.O. Box 8327
Southport FL 32409

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000003322450-2
-07/13/00-01080-006
****300.00 ****300.00

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: Kimberly Pettis 5/23/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0:4 (9/99)

DO NOT REMOVE

202

Pettis Termite and Pest Control Inc.
P.O. Box 1441
Lynn Haven, FL 32444
850-265-5490

May 23, 2000

Department Of Corporations.
P.O. Box 6327
Tallahassee, FL 32314

I am asking for reinstatement of this corporation for the year 1999 and 2000. I was unaware it had dissolved. We were not notified of the renewal for either year. I don't believe this will ever happen again in this corporations future.

Thank you

Kimberly Pettis
Secretary