

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053535

1. Entity Name
PETTIS TERMITE & PEST CONTROL, INCORPORATED

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90057 019 ***150.00

Principal Place of Business
7435 HWY 77
SOUTHPORT FL 32409
US

Mailing Address
P.O. BOX 1441
LYNN HAVEN FL 32444

2. Principal Place of Business
Suite, Apt. #, etc.
7435 Highway 77

City & State
Southport FL

Zip 32409 Country BAY

6. Name and Address of Current Registered Agent
PETTIS, MICHAEL
1663 BUCHANAN ST
SOUTHPORT FL 32409

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, 2002 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 P Delete
NAME PETTIS, MICHAEL
STREET ADDRESS P.O. BOX 8327
CITY-ST-ZIP SOUTPORT FL 32409

TITLE S Delete
NAME PETTIS, KIMBERLY
STREET ADDRESS P.O. BOX 8327
CITY-ST-ZIP SOUTPORT FL 32409

TITLE Delete
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: *Kimberly Ottis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3328202 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____

FL Zip Code _____

CR2E034 (9/01)

24102 8502654063

Date

Daytime Phone #