

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056058

1. Entity Name

BUGS BEE-WARE EXTERMINATING, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90034 039 ***150.00

Principal Place of Business
460 N FRANKLIN ST
SEBRING FL 33870
US

Mailing Address
460 N FRANKLIN ST
SEBRING FL 33870-3128
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 65-0602631

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

MCGATHEY, STEPHANIE D
2205 ANDALUSIA STREET
SEBRING FL 33872

(new address)

Name
McGathey, Stephanie D.

Street Address (P.O. Box Number is Not Acceptable)
1113 US 27 South

City Sebring, FL Zip Code 33870

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 Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	MCGATHEY, STEPHANIE D	
STREET ADDRESS	2205 ANDALUSIA STREET	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGATHEY, MICHAEL L	
STREET ADDRESS	2205 ANDALUSIA STREET	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		(address) <input checked="" type="checkbox"/> Change
NAME		only
STREET ADDRESS	1113 US 27 South	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE		(address) <input checked="" type="checkbox"/> Change
NAME		only
STREET ADDRESS	1113 US 27 South	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
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 12, 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

Date

Daytime Phone #

Stephanie D. McGathey 1/31/2000