

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90113 002 ***150.00

DOCUMENT # P95000089615

1. Entity Name
BRETT'S PEST CONTROL, INC.



Principal Place of Business
**1940 LAKE SEWARD DR
LAKELAND FL 33813**

Mailing Address
**1940 LAKE SEWARD DR
LAKELAND FL 33813**

2. Principal Place of Business
5215 Creekmur Drive
Suite, Apt. #, etc.

3. Mailing Address
5215 Creekmur Drive
Suite, Apt. #, etc.

City & State
Lake^{land}, Florida

City & State
Lake^{land}, Florida

4. FEI Number **65-0640831**

Applied For
Not Applicable

Zip Country
33813 Polk

Zip Country
33813 Polk

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

6. Name and Address of Current Registered Agent

**KING, BRETT A
1940 LAKE SEWARD DR
LAKELAND FL 33813**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Brett A. King Pres.**

[Handwritten Signature]

4-14-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, BRETT A 1940 LAKE SEWARD DR LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, DIANE A 1940 LAKE SEWARD DR LAKELAND FL 33813	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Brett A. King Pres.

[Handwritten Signature]

4-14-03

863-644-5189

Date

Daytime Phone #

CR2E034 (10/02)