

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090392

1. Entity Name

GREEN TEAM PEST CONTROL INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90035 044 ***150.00

Principal Place of Business

1843 BANYAN CREEK CIRCLE NORTH
BOYNTON BEACH FL 33436

Mailing Address

1843 BANYAN CREEK CIRCLE NORTH
BOYNTON BEACH FL 33437-3515

2. Principal Place of Business

10442 East Tara Blvd

3. Mailing Address

10442 East Tara Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Boynton Beach FL

Zip

33437

Country

USA

Zip

33437

Country

USA

4. FEI Number

65-0622840

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRANICK, MAXINE
1843 BANYAN CREEK CIR N.
BOYNTON BCH FL 33436

7. Name and Address of New Registered Agent

Name Kranick, Maxine

Street Address (P.O. Box Number is Not Acceptable)
10442 E. Tara Blvd.

City Boynton Beach

FL

Zip Code

33437

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

TITLE VSTD ☐ Delete
NAME KRANICK, MAXINE B
STREET ADDRESS 1843 BANYAN CREEK CIRCLE NORTH
CITY-ST-ZIP BOYNTON BEACH FL

TITLE PD ☐ Delete
NAME KRANICK, MITCHELL W
STREET ADDRESS 1843 BANYAN CREEK CIRCLE NORTH
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSTD ☒ Change ☐ Addition
NAME KRANICK, MAXINE
STREET ADDRESS 10442 EAST TARA BLVD.
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE PD ☒ Change ☐ Addition
NAME KRANICK, MITCHELL
STREET ADDRESS 10442 EAST TARA BLVD.
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

MAXINE KRANICK

Date

2/8/00

Daytime Phone #

561 734 3720

CR2E034 (9/99)