

'2000 UNIFORM BUSINESS REPORT (UBR)

7/20

FILED**Aug 22, 2000 8:00 am**
Secretary of State

08-22-2000 90004 048 ****88.75

07-20-2000 90010 034 ****61.25

DOCUMENT # P95000091418**1. Entity Name****ARROW TERMITE AND PEST CONTROL INC.****Principal Place of Business**P.O. BOX 3006
KEY LARGO FL 33037**Mailing Address**P.O. BOX 3006
KEY LARGO FL 33037**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**65-0629193**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SANTE, PAMELA
300 ATLANTIC DRIVE
KEY LARGO FL 33037**

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**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SANTE, PAMELA 300 ATLANTIC DR SUITE 10 KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SANTE, CHRIS 300 ATLANTIC DR SUITE 10 KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/2000

305-451-0910

CR2E034 (5/00)

Attachment # P95000091418
B0104703

CHRIS SANTE
P.O. BOX 3006
KEY LARGO, FL. 33037

August 10, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Late Filings of UBR


To Whom It May Concern:

Enclosed please find 7 corporation UBR forms. I have enclosed a check for each corporation to cover the short payments I made on these reports.

I am asking you to waive the late fees. I received these reports in late May or early June and paid them all on July 1, 2000. I never received the first notices. As you can see, I paid all of them upon receipt of my notice.

Again I ask you to please waive these late fees. You can call me at 305-451-5880 if you have any questions.

Sincerely,



Chris Sante