

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012357

1. Entity Name

AMERICAN NATIONAL PEST CONTROL COMPANY

08-08-2000 90024 016 ***150.00

FILED

00 AUG -8 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
13171 NW 42nd AVE 6821 MIAMI LAKEWAY SOUTH
OPA LOCKA FL 33054 MIAMI LAKES FL 33014

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

65-0645589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORBERT GUTIERREZ JR
6821 MIAMI LAKEWAY SOUTH
MIAMI LAKES FL 33014

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D NAME NORBERT GUTIERREZ JR ☐ Delete
STREET ADDRESS 6821 MIAMI LAKEWAY SOUTH
CITY-ST-ZIP MIAMI LAKES FL 33014

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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

Date

Signature Number

Attachment # 00600001235,
B0104404 262

Miami, July 27, 2000

Florida Department of State
Division of Corporations
P O Box 1500
Tallahassee FL 32302-1500

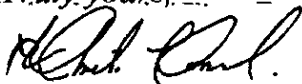
To Whom It May Concern:

This letter is to inform you that I never received the original document for this year, at the same time had problems with the accountant who was doing all the paper work for my company.

I knew that the annual report was not filed because my lawyer was doing some contract for my business and he check the status of the corporation.

I am sending the filing fee for this year and I hope that you can abate the penalty for this year.

Truly yours, ...



Norbert Gutierrez Jr