

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90006 013 ***150.00

DOCUMENT # P96000019630

1. Entity Name

BUDGET TERMITE & PEST CONTROL, INC.

Principal Place of Business

Mailing Address

~~3000 PINERIDGE CR~~
~~KISSIMMEE FL 34746~~
~~US~~

~~3000 PINERIDGE CR~~
~~KISSIMMEE FL 34746~~
~~US~~

2. Principal Place of Business

1260 S. JOHN YOUNG PKWY
Suite, Apt. #, etc.

3. Mailing Address

1260 S. JOHN YOUNG PKWY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-3423570

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

34741

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILES, R. STEPHEN JR
100 CHURCH ST
KISSIMMEE FL 34741

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.

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, 2001 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 **PTD** ☐ Delete
NAME **HOGAN, EDWARD J**
STREET ADDRESS **3000 PINERIDGE CR**
CITY-ST-ZIP **KISSIMMEE FL**

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

TITLE **VSD** ☐ Delete
NAME **HOGAN, KATHLEEN B**
STREET ADDRESS **3000 PINERIDGE CR**
CITY-ST-ZIP **KISSIMMEE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

EDWARD J. HOGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 (407) 933-8033
Date Daytime Phone #

CR2E034 (10/00)