

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000025050

**1. Entity Name
PEST AUTHORITY, INC.**



**Principal Place of Business
3801 POLUMBO DR
VALRICO FL 33594
US**

**Mailing Address
3355 BEARSS AVE
TAMPA FL 33618
US**

**FILED
Apr 28, 2003 8:00 am
Secretary of State**

04-28-2003 90969 012 ***150.00



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3374192

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SANDERS, WALTER
3355 BEARSS AVE
TAMPA FL 33618**

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

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SV ☐ Delete
NAME WARREN, ANNABELLE M
STREET ADDRESS 3801 POLUMBO DR.
CITY-ST-ZIP VALRICO FL 33594

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

TITLE P ☐ Delete
NAME WARREN, JAMES J
STREET ADDRESS 3801 POLUMBO DR.
CITY-ST-ZIP VALRICO FL 33594

☐ Change ☐ Addition
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CITY-ST-ZIP

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☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Annabelle Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/03 813 661-6409

CR2E034 (10/02)