

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025857

1. Entity Name

PAR PEST CONTROL, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90002 003 ***150.00

Principal Place of Business

1166 IDA WAY
MELBOURNE FL 32940

Mailing Address

1166 IDA WAY
MELBOURNE FL 32940

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

65-0654991

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

BROOKER, W. KEITH
1166 IDA WAY
MELBOURNE FL 32940

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	VPT BROOKER, W. KEITH 1166 IDA WAY MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BROOKER, CYNTHIA L 1166 IDA WAY MELBOURNE FL 32940	<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

7/10/00

Date

561-879-1191

Daytime Phone #

CR2E034 (5/00)



Attachment
D# 2960W025857
DW1236

St. Lucie & Martin
Palm Beach
Indian River
Brevard

(561) 879-1191
(561) 776-1550
(561) 388-3383
(407) 253-1717

July 10, 2000

Re: 2000 Uniform Business Report
65-0654991

To Whom It May Concern:

I received a second notice from your office concerning the above-mentioned report. After checking with my bank and found that it did not clear, I called your office. I was advised by Mr. Mark Corbett to send a letter along with a check for \$150.00 and they will process the report. Thank you for your assistance in this matter.

Sincerely,

W. Keith Brooker

PARAGON Termite & Pest Management

P.O. Box 8685 • Port St. Lucie, Florida 34985 • **Watts** (800) 230-7378 • **Fax** (561) 879-1181