

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90364 034 ***150.00

0643366 AT

DOCUMENT # P96000069578

1. Entity Name
CENTRAL PEST CONTROL, INC.



Principal Place of Business
**16550 SHEER BLVD
HUDSON FL 34667
US**

Mailing Address
**P. O. BOX 6036
HUDSON FL 34674
US**

2. Principal Place of Business

3. Mailing Address

6550 INDUSTRIAL WAY
Suite, Apt. #, etc.

PO Box 1220
Suite, Apt. #, etc.

City & State
Port Richey Florida

City & State
Port Richey Florida

Zip
34668

Country
PPSC

Zip
34673

Country
PPSC

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYNOLDS, WILLIAM
16550 SHEER BLVD
HUDSON FL 34674**

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 _____ (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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **REYNOLDS, WILLIAM**
STREET ADDRESS **1696 ARABIAN LANE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

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

TITLE **ST** ☐ Delete
NAME **REYNOLDS, CLAUDETTE**
STREET ADDRESS **1696 ARABIAN LANE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: _____

WILLIAM REYNOLDS President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2003 727-841-6610
Date Daytime Phone #

CR2E034 (10/02)