

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90050 002 ***150.00

DOCUMENT # P96000071679

1. Entity Name
PESTEC PEST CONTROL, INC.



Principal Place of Business
6245 B CLARK CENTER AVE.
SARASOTA FL 34238

Mailing Address
6245 B CLARK CENTER AVE.
SARASOTA FL 34238

22005049



2. Principal Place of Business
8132 BLAIKIE COURT
Suite, Apt. #, etc.

3. Mailing Address
8132 BLAIKIE COURT
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
65-0694682

Applied For
Not Applicable

Zip
34240

Country
USA

Zip
34240

Country
USA

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

KARA, SUSAN
6245 B CLARK CENTER AVE.
SARASOTA FL 34238

Name
KARA, SUSAN

Street Address (P.O. Box Number is Not Acceptable)
8132 BLAIKIE COURT

City
SARASOTA

FL **Zip Code**
34240

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, the registered agent.

SIGNATURE

SUSAN KARA, P

2/4/03

Signature of registered agent or 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ **Delete**
NAME
KARA, SUSAN
STREET ADDRESS
6245 B CLARK CENTER AVE.
CITY-ST-ZIP
SARASOTA FL 34238

TITLE
D ☒ **Change** ☐ **Addition**
NAME
KARA, SUSAN
STREET ADDRESS
8132 BLAIKIE COURT
CITY-ST-ZIP
SARASOTA, FL 34240

TITLE
VP ☐ **Delete**
NAME
KARA, ROBERT L.
STREET ADDRESS
6245 B. CLARK CENTER AVE.
CITY-ST-ZIP
SARASOTA FL

TITLE
VP ☒ **Change** ☐ **Addition**
NAME
KARA, ROBERT L.
STREET ADDRESS
8132 BLAIKIE COURT
CITY-ST-ZIP
SARASOTA FL 34240

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
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:

SUSAN KARA

2/4/03

941-378-8881

SIGNATURE AND DATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)