

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P960000 87117**

1. Entity Name

C.E.S. Insection Services, Inc

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90001 050 ***150.00

Principal Place of Business

Mailing Address

3050 Spirit Lake Dr.
Winter Haven, FL

PO Box 2720
Winter Haven, FL 33883

2. Principal Place of Business

3. Mailing Address

PO Box 2720

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Haven, FL 33883

Zip

Country

Zip

Country

33883-2720

US

6. Name and Address of Current Registered Agent

Evania Sabin
3050 Spirit Lake Drive
PO Box 2720
Winter Haven, FL 33883-2720

4. FEI Number

59-3406862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE

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, 2000 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	Sabin, Evania C.	
STREET ADDRESS	3050 Spirit Lake Dr/po Bx 2720	
CITY-ST-ZIP	Winter Haven, FL 33883	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	Sabin, Charles M.	
STREET ADDRESS	3050 Spirit Lake Dr/ PO Bx 2720	
CITY-ST-ZIP	Winter Haven, FL 33883-2720	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/2000 (863) 401-8006

CR2E034 (9/99)