

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102203

1. Entity Name
Becks Termite & Pest Control, Inc. N/c 1-10-2000

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90104 006 ***150.00

D0055845

DO NOT WRITE IN THIS SPACE

Principal Place of Business
32300 Cortez Blvd
Ridge Manor, FL 33523

Mailing Address
32300 Cortez Blvd
Ridge Manor, FL 33523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593413998

Applied For

Not Applicable

Country

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

Sarantopoulos, James
4902 Lake Gibson Park Rd
Lakeland, FL 32809

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	Sarantopoulos, James	
STREET ADDRESS	4902 Lake Gibson Park Rd	
CITY-ST-ZIP	Lakeland, FL 32809	
TITLE	DST	<input type="checkbox"/> Delete
NAME	Sarantopoulos, Athena	
STREET ADDRESS	4902 Lake Gibson Park Rd	
CITY-ST-ZIP	Lakeland, FL 32809	
TITLE	DV	<input type="checkbox"/> Delete
NAME	Draves, Michael M.	
STREET ADDRESS	2809 Forest Club	
CITY-ST-ZIP	Plant City, FL 33567	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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

Michael M. Draves, 4/25/00

Date

Daytime Phone #

CR2E034 (9/99)