

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015271

1. Entity Name

MARCO ISLAND PEST CONTROL OF COLLIER COUNTY, INC

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90311 008 ***158.75

Principal Place of Business

1143 BREAKWATER COURT
MARCO ISLAND FL 34145

Mailing Address

1143 BREAKWATER COURT
MARCO ISLAND FL 34145-4513

2. Principal Place of Business

557 EIKCAM CV. E

Suite, Apt. #, etc.

3. Mailing Address

PO Box 2563

Suite, Apt. #, etc.

City & State

Marco Is. F

City & State

Marco Is. FL

4. FEI Number

59-3433857

Applied For

☒ Not Applicable

Zip

34145

Country

Zip

34146

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIO, JOSEPH
1143 BREAKWATER COURT
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

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

TITLE PD
NAME RIO, JOSEPH
STREET ADDRESS 1143 BREAKWATER COURT
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE VP
NAME KOVALCIN, JOSEPH C
STREET ADDRESS 912 AUGUSTA
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Joseph Rio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Rio

1-11-00

Date

6423589

Daytime Phone #