

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90002 034 ***550.00

DOCUMENT # P97000022773

1. Entity Name

PRO-TECH PEST CONTROL OF S.W. FLORIDA, INC.

Principal Place of Business

3370 FIFTH AVE. NW
NAPLES FL 34120

Mailing Address

P O BOX 9773
NAPLES FL 34101
US

2. Principal Place of Business

166
Suite, Apt. #, etc.
NAPLES FL
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3443368

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARROW, TERESA
3370 FIFTH AVE. NW
NAPLES FL 34120

7. Name and Address of New Registered Agent

Name

John Rizzolo

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

9410 5TH ST SE

Naples

City

FL

34117

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

John Rizzolo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/19/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME PARROW, KEITH J
STREET ADDRESS 3370 5TH AVE NW
CITY-ST-ZIP NAPLES FL 34120

☐ Delete

TITLE VP
NAME RIZZOLO, JOHN
STREET ADDRESS 3370 5TH AVE NW
CITY-ST-ZIP NAPLES FL 34117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/19/00

Daytime Phone #

941-643-6596

CR2E034 (5/00)