

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90394 050 ***150.00

DOCUMENT # P97000029583

1. Entity Name

ADVANTAGE PEST MANAGEMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

2929 CEDAR GLENN PLACE
OVIEDO FL 32765

2929 CEDAR GLENN PLACE
OVIEDO FL 32765

2. Principal Place of Business

3500 ALOMA AVE

3. Mailing Address

RE SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05

City & State

WINTER PARK, FLORIDA

City & State

4. FEI Number 59-3432231

Applied For

Not Applicable

Zip

Country

Zip

Country

32792

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

JONES, RICHARD A
2929 CEDAR GLENN PLACE
OVIEDO FL 32765

Name

ROBBS, CHARLES W.

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

5526 LIGUSTRUM LOOP

OVIEDO

City

FL

Zip Code

32765

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

Charles W. Robbs Vice President

1-24-01

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, 2001 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 ☒ Delete
NAME JONES, RICHARD A
STREET ADDRESS 2929 CEDAR GLENN PLACE
CITY-ST-ZIP OVIEDO FL 32765

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

TITLE ☐ Delete
NAME ROBBS, CHARLES W
STREET ADDRESS 370 LAKE ONTARIO CT APT 204
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☒ Change ☐ Addition
NAME *Director PRESIDENT*
STREET ADDRESS *Robbs, Charles W.*
CITY-ST-ZIP *5526 Ligustrum Loop*
Oviedo, FL 32765

TITLE ☒ Delete
NAME JONES, MARY
STREET ADDRESS 2929 CEDAR GLENN PLACE
CITY-ST-ZIP OVIEDO FL 32765

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

TITLE ☐ Delete
NAME ROBBS, SHERRI
STREET ADDRESS 370 LAKE ONTARIO COURT APT 204
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☒ Change ☐ Addition
NAME *Director VICE PRESIDENT*
STREET ADDRESS *Robbs, Sherri*
CITY-ST-ZIP *5526 Ligustrum Loop*
Oviedo, FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Charles W. Robbs CHARLES W. ROBBS

1-24-01

407-365-5031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0052110

CR2E034 (10/00)