

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90174 003 \*\*\*150.00

DOCUMENT # P97000032237

1. Entity Name  
REGIONAL TERMITE & PEST CONTROL  
INC.

Principal Place of Business Mailing Address  
Suite 103 Suite 103  
1409 NE. 22nd Ave. 1409 NE. 22nd Ave.  
Ocala, FL 34470 Ocala, FL 34470

2. Principal Place of Business 3. Mailing Address  
1729 E. Silver Springs Blvd 2860 SE. 35th St.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Ocala, FL Ocala, FL

Zip Country Zip Country  
34470 USA 34471 USA

6. Name and Address of Current Registered Agent  
JAMES R. BROOKS  
1409 NE. 22nd Ave. Suite 103  
OCALA, FL 34470

4. FEI Number Applied For  
65-0738857 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name JAMES R. BROOKS  
 Street Address (P.O. Box Number is Not Acceptable)  
2860 SE 35th Street  
 City OCALA FL Zip Code 34471

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 James R. Brooks DATE 4-13-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>PRESIDENT</u>	<input type="checkbox"/> Delete	TITLE	<u>PRESIDENT</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>JAMES R. BROOKS</u>		NAME	<u>James R. Brooks</u>	
STREET ADDRESS	<u>1409 NE. 22nd Ave.</u>		STREET ADDRESS	<u>2860 SE. 35th St.</u>	
CITY-ST-ZIP	<u>OCALA, FL 34470</u>		CITY-ST-ZIP	<u>Ocala, FL 34471</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: James R. Brooks DATE 4-13-01 DAYTIME PHONE # (352) 624-3797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)