

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # ~~92775~~ P97000034632

1. Entity Name

*The Extermination Pest Control OF
FT. MYERS*



FILED

03 JUN 23 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Lee County

Suite, Apt. #, etc.

3. Mailing Address

5502 Beauty St

Suite, Apt. #, etc.

400021175924

06/27/03--01049--009 **150.00

DO NOT WRITE IN THIS SPACE

City & State

Lehigh Acres Fla.

Zip

33971

Country

Lee

City & State

Lehigh Acres Fla.

Zip

33971

Country

Lee

4. FEI Number

650745741

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Fred Hendry

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

5502 Beauty St

City

Lehigh Acres

FL

Zip Code

33971

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Fred Hendry

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/6/03

January 1 - May 1 Fee is \$190.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres. Fred Hendry 5502 Beauty St Lehigh Acres Fl. 33971</i>
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fred Hendry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/03
Date

239 470 1864
Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

FRED HENDRY
5502 BEAUTY STREET
LEHIGH ACRES FL 33971

2392677200

Request taken by: egriggs
06-04-2003

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

I hope you will accept this without a penalty as
I had expected AmeriLumpers to submit a change of
Address but they did not, so I did not receive
your renewal notice this year.

Thanks
Futhey