

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039917

1. Entity Name

NATURZONE PEST CONTROL INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90067 046 \*\*\*150.00

Principal Place of Business

Mailing Address

4648 ASHTON RD  
SARASOTA FL 34233

4648 ASHTON RD  
SARASOTA FL 34240-7897

2. Principal Place of Business

1899 PORTER LAKE RD.  
Suite, Apt. #, etc.  
#103  
City & State  
SARASOTA, FLA.

3. Mailing Address

1899 PORTER LAKE RD.  
Suite, Apt. #, etc.  
#103  
City & State  
SARASOTA, FLA.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0753631

Applied For  
Not Applicable

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

WELLBROCK, TRAVIS  
4648 ASHTON RD  
SARASOTA FL 34233

Name

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

520 CUMMINGS ST.

City

SARASOTA

FL

Zip Code

34242

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 TRAVIS WELLBROCK

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

(NOTE: Registered Agent signature required when reinstating)

Travis Wellbrock

DATE

4/17/00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME STUDEMANN, MARK  
STREET ADDRESS 4242 DRYDEN CIRCLE  
CITY-ST-ZIP SARASOTA FL 34241

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

TITLE STD ☐ Delete  
NAME WELLBROCK, TRAVIS  
STREET ADDRESS 520 CUMMINGS ST  
CITY-ST-ZIP SARASOTA FL 34242

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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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:

Travis Wellbrock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRAVIS WELLBROCK

Date

Daytime Phone #

4/17/00

378-3334

CR2E034 (9/99)