

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/3

DOCUMENT # P97000074391

1. Entity Name

NEW TECH PEST CONTROL, CO., INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90003 050 \*\*\*158.75

Principal Place of Business

1040 FAWN COURT  
OLDSMAR FL 34677

Mailing Address

1040 FAWN COURT  
OLDSMAR FL 34677-6317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3467287

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

~~EKONOMIDES, NICKOLAS C~~  
~~201 N. FRANKLIN STREET~~  
~~SUITE 2350~~  
~~TAMPA FL 33602~~

~~ROBERT L. CIANCI~~  
 Street Address (P.O. Box Number is Not Acceptable)

1040 FAWN COURT

City OLDSMAR

FL 34677

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

Robert L. Cianci

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Robert L. Cianci* 4-10-2000

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	DPS CIANCI, ROBERT L 1040 FAWN COURT OLDSMAR FL 34677		

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 807, 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:

*Robert L. Cianci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-2000

Date

Daytime Phone #

CR2E034 (9/99)