

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021976

1. Entity Name

PERFECTION PEST ELIMINATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90795 042 ***150.00

Principal Place of Business

Mailing Address

~~808 BROOKER RD.~~
~~BRANDON FL 33511~~
US

~~808 BROOKER RD.~~
~~BRANDON FL 33594-4516~~
US

2. Principal Place of Business

3. Mailing Address

1611 S. VALRICO RD.
Suite, Apt. #, etc.

1611 S. VALRICO RD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

VALRICO FL.

VALRICO FL.

4. FEI Number

59-3503713

Applied For

Not Applicable

Zip

Country

Zip

Country

33594 Hillsb.

33594 Hillsb.

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

IMM, RICHARD

~~808 BROOKER RD.~~
~~BRANDON FL 33511~~

Name

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

City

FL

Zip Code

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

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IMM, RICHARD
808 BROOKER RD.
BRANDON FL 33511 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIDD, VICTORIA L
105 WEST MORRELL DRIVE
PLANT CITY FL 33566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☒ Change ☐ Addition
KIDD, Victoria L.
105 W. Morrell Dr.
Plant City, FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2000 813-657-2011