

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90320 030 ***150.00

DOCUMENT # P98000021976

1. Entity Name

PERFECTION PEST ELIMINATION, INC.

Principal Place of Business

1611 S VALRICO RD
VALRICO FL 33594
US

Mailing Address

1611 S VALRICO RD
VALRICO FL 33594
US

2. Principal Place of Business

105 W. Morrell Dr.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City

City & State

4. FEI Number 59-3503713

Applied For

Not Applicable

Zip

Country

33566

11-11-01 US

Zip

Country

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
800 BROOKER RD.
BRANDON FL 33511

Name RICHARD IMM

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

105 W. Morrell Dr.

City Plant City, FL

FL

Zip Code 33566

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, 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 D
NAME IMM, RICHARD ☐ Delete
STREET ADDRESS 800 BROOKER RD.
CITY-ST-ZIP BRANDON FL 33511

TITLE Imm Pres. ☒ Change ☐ Addition
NAME RICHARD
STREET ADDRESS 105 W. Morrell Dr.
CITY-ST-ZIP Plant City, FL 33566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Gary Foster V.P. ☐ Change ☒ Addition
NAME
STREET ADDRESS 317 1st S.W.
CITY-ST-ZIP WEBSTER, FL 33597

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
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

813-657-2011
Daytime Phone #

CR2E034 (10/00)