

2000 UNIFORM BUSINESS REPORT (UBR)

Addendum

DOCUMENT # P980000 32673

1. Entity Name

Quick-Kill Pest Professionals, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 PM 1:15

Principal Place of Business

223 Illinois Ave
Apopka, FL 32703

Mailing Address

48 W. ORANGE ST
Apopka, FL 32703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-2522556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Edra Nottingham Qualls
48 W. ORANGE ST
Apopka, FL 32703

7. Name and Address of New Registered Agent

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

Edra Nottingham

2/21/00

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Joe W. Qualls
48 W. ORANGE ST
Apopka, FL 32703

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Edra Nottingham Qualls
48 W. ORANGE ST
Apopka, FL 32703

☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
300003161103-8
-03/07/00-01094-025

TITLE NAME STREET ADDRESS CITY-ST-ZIP
*****61.25 *****61.25
☐ Change ☐ Addition

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
M3/3
☐ Change ☐ Addition

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:

Edra Nottingham

Date

Daytime Phone #

CR2E034 (9/99)

401/886-1136