

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90072 032 \*\*\*150.00

**DOCUMENT # P98000032673**

**1. Entity Name**  
**QUICK-KIL PEST PROFESSIONALS, INC.**

**Principal Place of Business**  
**323 ILLINOIS AVE**  
**APOPKA FL 32703**

**Mailing Address**  
**48 WEST ORANGE STREET**  
**APOPKA FL 32703**

**2. Principal Place of Business**  
**48 W. ORANGE ST**

**3. Mailing Address**  
**SAME**

**City & State**  
**APOPKA FL**

**City & State**  
**APOPKA FL**

**Zip**  
**32703**

**Country**  
**ORANGE**

**4. FEI Number**  
**59-3522556**

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**QUAILS, JOHN WAYNE**  
**48 WEST ORANGE STREET**  
**APOPKA FL 32703**

**7. Name and Address of New Registered Agent**

**Name**  
**Edea Nottingham Quails**

**Street Address (P.O. Box Number is Not Acceptable)**  
**48 W. ORANGE ST**

**City**  
**APOPKA**

**FL** **Zip Code**  
**32703**

**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]* **Edea Nottingham Quails** **3/11/02**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	QUAILS, JOE WAYNE	48 WEST ORANGE STREET	APOPKA FL 32703	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Joe W. Quails	48 W. ORANGE ST.	APOPKA, FL 32703	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Edea Nottingham Quails	48 W. ORANGE ST.	APOPKA FL 32703	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/11/02** **407/884-0776**

Date Daytime Phone #

CR2E034 (9/01)