

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035271

1. Entity Name
CARDINAL PEST CONTROL, INC.



FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91054 001 ***150.00

0632785 AT

Principal Place of Business
331 STERLING LAKE DR
OCOE FL 34767

Mailing Address
PO BOX 908
CLARCONA FL 32710



2. Principal Place of Business
1248 SELBYDON WAY
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 908
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WINTER GARDEN FL
Zip 34787 Country USA

City & State
CLARCONA FL
Zip 32710 Country USA

4. FEI Number 59-3505306

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HILLERICH, JAMES R
331 STERLING LAKE DR.
OCOE FL 34761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ZWEYDOFF, CHARLES
STREET ADDRESS 3000 S. CLARCONA RD. UNT 356
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

TITLE VP
NAME HILLERICH, JAMES R
STREET ADDRESS 331 STERLING LAKE DR.
CITY-ST-ZIP OCOEE FL 34761 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2003

Date

(407) 654-5600

Daytime Phone #

CR2E034 (10/02)