

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047796

1. Entity Name

ALLEN'S PEST SERVICE INCORPORATED

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90063 050 ***150.00

Principal Place of Business

Mailing Address

1414 GULF AVE
PANAMA CITY FL 32401

1414 GULF AVE
PANAMA CITY FL 32401-2036

00011001

2. Principal Place of Business

3. Mailing Address

Allen's Pest Service Inc
Suite, Apt. #, etc.

Allen's Pest Service Inc
Suite, Apt. #, etc.

2114 E. Norwood DR.

2114 E Norwood Dr

City & State
Panama City FL

City & State
Panama City FL

Zip
32405

Country
Bay

Zip
32405

Country
Bay

4. FEI Number
59-3511214

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

ALLEN, SHIRLEY A
2111 WEST 29TH PLAZA
PANAMA CITY FL 32405

Name
Shirley A. Allen

Street Address (P.O. Box Number is Not Acceptable)
2114 E. Norwood DR

City
Panama City

State
Florida

Zip Code
FL 32405

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 Shirley A. Allen, Pres. Shirley A. Allen, Pres. Jan 11, 2000
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	P ALLEN, SHIRLEY A 1414 GULF AVE PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, HAWAITH M JR 1414 GULF AVE PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shirley A. Allen 2114 E Norwood DR. Panama City FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAWAITH M. Allen JR. 2114 E. Norwood DR. Panama City, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Shirley A. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00 850-747-8184
Date Daytime Phone #