

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91577 012 ***150.00

DOCUMENT # P98000047796

1. Entity Name

ALLEN'S PEST SERVICE INCORPORATED

Principal Place of Business

**ALLENS PEST SERVICE INC
 2114 E NORWOOD DR
 PANAMA CITY FL 32405**

Mailing Address

**ALLENS PEST SERVICE INC
 2114 E NORWOOD DR
 PANAMA CITY FL 32405**

2. Principal Place of Business

2901 Frankford Ave.

3. Mailing Address

2901 Frankford Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Fla.

City & State

Panama City Fla.

Zip **32405** Country **U.S.**

Zip **32405** Country **U.S.**

4. FEI Number

59-3511214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, SHIRLEY A
 2114 E NORWOOD DR
 PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name **Hawaith M. Allen Jr.**

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

2901 Frankford Ave.

City **Panama City**

FL

Zip Code **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

H.M. Allen Jr.

H.M. Allen Jr.

4-19-02

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, SHIRLEY A	
STREET ADDRESS	2114 E NORWOOD DR	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, HAWAITH M JR	
STREET ADDRESS	2114 E NORWOOD DR	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hawaith M. Allen Jr.	
STREET ADDRESS	2901 Frankford Ave.	
CITY-ST-ZIP	Panama City FL 32405	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kayla M. Allen	
STREET ADDRESS	2901 Frankford Ave	
CITY-ST-ZIP	Panama City FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

H.M. Allen Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 850-747-8184

Date

Daytime Phone #

CR2E034 (9/01)