

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90008 019 ***150.00

A0067814

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P 98000060891** **R**
1. Entity Name
SEASONS TERMIT & PKST SERVICES INC.

Principal Place of Business
1447 SUMMIT HILL DRIVE
DELTONA FL 32725

Mailing Address
1447 SUMMIT HILL DRIVE
DELTONA FL 32725

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3521299**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GABELLA LEONARD
1447 SUMMIT HILL DRIVE
DELTONA FL. 32725

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 **Gabella Leonard** **7-10-00**
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	<input type="checkbox"/> Delete
	D GABELLA LEONARD	1447 SUMMIT HILL DRIVE	DELTONA FLA 32725	<input type="checkbox"/>
	D HOSEIN CELANIA	1434 NE OLD MILL ROAD	DELTONA FL 32725	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Leonard Gabella** **7-10-00** **904 789-7723**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PG8000060891

AC067814

SEASON TERMITE AND PEST SERVICES, INC.
904-789-7723

To whom it may concern

Regarding the filing of
the uniform business report. I
believe I didn't receive the original
2000 uniform business report-form

It only came to my attention
when a friend of mine asked me
if I filed. I immediately called
your office and requested the form which
Mr. Thampton sent me. I have enclosed
that in the envelope.

I am writing this letter in
hope you will consider my circumstance
and wave the late fee of \$550⁰⁰.

I sincerely regret this inconvenience
and Thank you for your consideration

Sincerely
Leonard Tabell

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Attachment

DOCUMENT # P98000060891

1. Entity Name

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Principal Place of Business

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DELTONA FL 32725

Mailing Address

1447 SUMMIT HILL DRIVE
DELTONA FL 32725

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Suite, Apt. #, etc.

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Applied For

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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, 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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GABELLA, LEONARD	
STREET ADDRESS	1447 SUMMIT HILL DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOSEIN, CELENIA	
STREET ADDRESS	1434 N.E. OLD MILL ROAD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-00 904-789-7723