

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071570

1. Entity Name

R.B.C. PEST CONTROL, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90079 026 ***150.00

Principal Place of Business

Mailing Address

~~12725 CARTE DR.~~

~~12725 CARTE DR.~~

~~TAMPA FL 33618~~

~~TAMPA FL 33618-3211~~

2. Principal Place of Business

2826 Palamore Dr.

Suite, Apt. #, etc.

3. Mailing Address

2826 Palamore Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3526304

Applied For

Not Applicable

Zip

33618

Country

USA

Zip

33618

Country

USA

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

COX, RUTH

~~12725 CARTE DR.~~

~~TAMPA FL 33618~~

Name

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

2826 Palamore Drive

City

Tampa

FL

Zip Code

33618

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 \$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 ☐ Delete
NAME DPT
STREET ADDRESS COX, ROBERT
CITY-ST-ZIP ~~12725 CARTE DR.~~
~~TAMPA FL 33618~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2826 Palamore Dr.
CITY-ST-ZIP Tampa, FL 33618

TITLE ☐ Delete
NAME DVS
STREET ADDRESS COX, RUTH
CITY-ST-ZIP ~~12725 CARTE DR.~~
~~TAMPA FL 33618~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2826 Palamore Dr.
CITY-ST-ZIP Tampa, FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Ruth Cox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

813-969-4613

Daytime Phone #

CR2E034 (9/99)