

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085094

1. Entity Name

A TO Z PEST CONTROL SERVICES, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90013 003 ***550.00

Principal Place of Business

1710 1/2 LOUISE AVE.
PANAMA CITY FL 32401

Mailing Address

1710 1/2 LOUISE AVE.
PANAMA CITY FL 32401

2. Principal Place of Business

1710 Louise Ave

3. Mailing Address

1710 Louise Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Same

City & State

Same

Zip

Same

Country

Bay

Zip

Same

Country

4. FEI Number

593555388

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, JULIAN WAYNE
1706 LOUISE AVE.
PANAMA CITY FL 32401

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

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROBERTS, BRAIN PAUL	
STREET ADDRESS	316 BRANDYWINE BLVD.	
CITY-ST-ZIP	THIBODAUX LA 70301	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROBERTS, ISAAC PAUL JR	
STREET ADDRESS	316 BRANDYWINE BLVD.	
CITY-ST-ZIP	THIBODAUX LA 70301	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROBERTS, JULIAN WAYNE	
STREET ADDRESS	1706 LOUISE AVE.	
CITY-ST-ZIP	PANAMA CITY FL 32401	
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		<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
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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:

Signature of Julian Wayne Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-11-00

Daytime Phone #

850-769-7300

CR2E034 (5/00)