

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000086005**1. Entity Name
FLORIDA DISCOUNT PEST CONTROL INC.

Principal Place of Business 12562 SPRING WARRIOR RD PERRY FL 32347	Mailing Address 12562 SPRING WARRIOR RD PERRY FL 32347
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2. Principal Place of Business 12562 SPRING WARRIOR RD	3. Mailing Address 12562 SPRING WARRIOR RD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PERRY FL	City & State PERRY FL
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Zip 32348	Country	Zip 32348	Country
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4. FEI Number
59-3543119
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCOTE PIERRE Y
12562 SPRING WARRIOR RD

PERRY FL 32347**7. Name and Address of New Registered Agent**Name
COTE PIERRE Y
Street Address (P.O. Box Number is Not Acceptable)
12560 SPRING WARRIOR RD

City
PERRY FL Zip Code
32348

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 _____ **02/22/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
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 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	V COTE HAROLD A 12566 SPRING WATER ROAD PERRY FL 33347 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COTE PHYLLIS V 12560 SPRING WARRIOR RD PERRY FL 32347 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTE PIERRE Y 12560 SPRING WARRIOR RD PERRY FL 32347 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REESER GARY L 6599 SE 62ND CT TRENTON FL 32693 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MESSICK JESSE J 16951-54 BEACH RD PERRY FL 32348 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FITZGERALD SHAWN E 5711-A MAHAN DR TALLAHASSEE FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COTE HAROLD A 12566 SPRING WARRIOR RD PERRY FL 32348 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COTE PHYLLIS V 12560 SPRING WARRIOR RD PERRY FL 32348 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTE PIERRE Y 12560 SPRING WARRIOR RD PERRY FL 32348 <input checked="" 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: PIERRE Y. COTE

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02/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)