

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**  
 05-23-2001 91171 019 \*\*\*150.00

**DOCUMENT # P98000093249**

1. Entity Name  
**SUNSHINE STATE TERMITE AND PEST CONTROL INC.**

Principal Place of Business  
**146 SE 19TH STREET**  
**CAPE CORAL FL 33990**

Mailing Address  
**146 SE 19TH STREET**  
**CAPE CORAL FL 33990**

**771382**

2. Principal Place of Business  
**1878 N. Tamiami Trail unit 78**  
 Suite, Apt. #, etc.  
**49578**

3. Mailing Address  
**146 SE 19th St**  
 Suite, Apt. #, etc.

City & State  
**N. Ft. My FL**

City & State  
**Cape Coral FL**

Zip  
**33903**

Country  
**Lee**

Zip  
**33990**

Country  
**Lee**

4. FEI Number **65-0878236**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANNAN, EUGENE W**  
**1480 SW BRANNON DR.**  
**ARCADIA FL 34226**

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 \_\_\_\_\_ (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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BRANNAN, JAMES M</b>	
STREET ADDRESS	<b>146 S.E. 19TH STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BRANNON, LESLIE A</b>	
STREET ADDRESS	<b>146 S.E. 19TH STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BRANNON, BILLIE A</b>	
STREET ADDRESS	<b>1480 S.W. BRANNON RD.</b>	
CITY-ST-ZIP	<b>ARCADIA FL 33990</b>	
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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STREET ADDRESS	
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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: **James M. Brannan** Date **4-31-01** Daytime Phone # **941-652-4171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)