

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102831

1. Entity Name

TERMITE SERVICES, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90014 017 ***150.00

Principal Place of Business

8503 FOREST CITY ROAD
SUITE 200
ORLANDO FL 32810

Mailing Address

8503 FOREST CITY ROAD
SUITE 200
ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3547412

Applied For
Not Applicable

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

DAVIS, MIKE
8503 FOREST CITY RD
ORLANDO FL 32810

Spelling

Name DRAVES MIKE

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

Michael Draves
Signature, typed or printed name of registered agent and title if applicable.

Michael DRAVES S.T.
(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DRAVES, MIKE
STREET ADDRESS 8503 FOREST CITY ROAD
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE John Stover, U.P.
NAME
STREET ADDRESS 2932 AILINE AVE
CITY-ST-ZIP TAMPA FLA 33611 ☐ Change ☒ Addition

TITLE STD
NAME BALLEW, GARY
STREET ADDRESS 8503 FOREST CITY ROAD
CITY-ST-ZIP ORLANDO FL 32810 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Michael Draves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

407-290/888

Daytime Phone #

CR2E034 (10/00)

0068203