

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000001651**1. Entity Name
PESTPROS TERMITE & PEST CONTROL, INC.

Principal Place of Business

1533 TRUMBULL ST.

KISSIMMEE
34744

FL

Mailing Address

1533 TRUMBULL ST.

KISSIMMEE
34744

FL

2. Principal Place of Business

1122 N. MAIN ST.

3. Mailing Address

1122 N. MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE J

City & State

KISSIMMEE

FL

City & State

KISSIMMEE

FL

Zip

34741

Country

Zip

34741

Country

4. FEI Number

59-3553910

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLOVER WAYNE E
1533 TRUMBULL ST.KISSIMMEE
34744

FL

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)

04/26/2001

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	VT	☐ Delete
NAME	GLOVER LINDA M	
STREET ADDRESS	1533 TRUMBULL ST	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	☐ Delete
NAME	GLOVER WAYNE E	
STREET ADDRESS	1530 TRUMBULL ST	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME	GLOVER WAYNE E	
STREET ADDRESS	1530 TRUMBULL ST	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Wayne E. Glover

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)