

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009399

1. Entity Name

FUMIGATION SERVICES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90071 021 ***158.75

Principal Place of Business

Mailing Address

337 ST. AUGUSTINE BOULEVARD
JACKSONVILLE BEACH FL 32250

337 ST. AUGUSTINE BOULEVARD
JACKSONVILLE BEACH FL 32250-3905

2. Principal Place of Business

3. Mailing Address

3948 S 3RD STREET #187

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville Beach, FL

4. FEI Number

59-3557592

Applied For

Not Applicable

Zip

Country

Zip
32250

Country
US

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

T. WILLIAM GLOCKER
ONE INDEPENDENT DRIVE
SUITE 3000
JACKSONVILLE FL 32202

Name
Paul M. McKiniry

Street Address (P.O. Box Number is Not Acceptable)
337 St. Augustine Blvd

City
Jacksonville Beach FL Zip Code
32250

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

Paul M. McKiniry, President

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

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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, 2000 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
PAUL M MCKINIRY
337 ST AUGUSTINE BLVD
JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
CATH LEE MCKINIRY
337 ST AUGUSTINE BLVD
JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Paul M. McKiniry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/19/00 (904) 246-3639

CR2E034 (9/99)