

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028924

1. Entity Name

COX TERMITE AND PEST CONTROL, INC.

Principal Place of Business

107 W. MAIN ST.
WAUCHULA FL 33873

Mailing Address

107 W. MAIN ST.
WAUCHULA FL 33873

2. Principal Place of Business

315 N. AREVARD AVE

Suite, Apt. #, etc.

3. Mailing Address

315 N. GREVARD AVE

Suite, Apt. #, etc.

City & State

ARCADIA, FL

City & State

ARCADIA, FL

Zip

34266

Country

USA

Zip

34266

Country

USA

4. FEI Number

59-3576767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS, DAN G
107 W. MAIN ST.
WAUCHULA FL 33873

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)

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 D
NAME COX, PAUL
STREET ADDRESS 39 ELVERANO AVE.
CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

TITLE D
NAME WELLS, DAN G
STREET ADDRESS 505 N. ARCADIA AVE.
CITY-ST-ZIP ARCADIA FL 33821 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Paul Cox

Paul Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)

4-05-01