## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9900034796 Jan 27, 2000 8:00 am **Secretary of State** WALKER CHEMICAL & EXTERMINATING CO., INC. 01-27-2000 90030 034 \*\*\*150.00 Mailing Address Principal Place of Business 9553 LINGWOOD TR 9553 LINGWOOD TR ORLANDO FL 32817-1869 ORLANDO FL 32817 Principal Place of Business Mailing Address 40 na K Oak DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-758 Not Applicable シッヘットせん \$8.75 Additional Certificate of Status Desired. Fee Required brang 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALLEN, W RILEY Street Address (P.O. Box Number is Not Acceptable) 6079 LINNEAL BEACH DR APOPKA FL FL Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE TITLE Delete PASCOE-WALKER, HEATHER NAME NAME 508 Kellygreen Dr. STREET ADDRESS 9553 LINGWOOD TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ORLANDO FL 32817 Addition Channe □ Delete TITLE TITLE COOPER, MITCHELL R NAME NAME STREET ADDRESS STREET ADDRESS 2108 ELMCREST PLACE CITY-ST-ZIP CITY-ST-ZIP OV!EDO FL 32765 ☐ Change \_\_ Addition TITLE Delete TITLE ALLEN, W RILEY NAME NAME STREET ADDRESS 6079 LINNEAL BEACH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITI F Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete TITLE NAME STREET ADDRESS 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