

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035998

1. Entity Name

ADVANCED PEST CONTROL, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90064 037 \*\*\*150.00

Principal Place of Business

Mailing Address

1602 ROSEWOOD WAY  
SUITE 100  
PALM BEACH GARDENS FL 33418

1602 ROSEWOOD WAY  
SUITE 100  
PALM BEACH GARDENS FL 33418-8091

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

65-0925989

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

ROBBINS, STEVEN L  
1550 SOUTHERN BLVD SUITE 300  
WEST PALM BEACH FL 33406

## 7. Name and Address of New Registered Agent

Name Robert F. Lauritzen  
Street Address (P.O. Box Number is Not Acceptable)  
1602 Rosewood Way  
City P.B. Gardens **FL** Zip Code 33418

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 Robert Lauritzen pres.  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-2000

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

TITLE D ☐ Delete  
NAME LAURITZEN, ROBERT F  
STREET ADDRESS 1602 ROSEWOOD WAY  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V.P./S ☐ Change ☒ Addition  
NAME GOSNEY SCOTT  
STREET ADDRESS 3807 Woodshut Blvd  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE V.P. ☐ Change ☒ Addition  
NAME LAURITZEN DORIS  
STREET ADDRESS 1602 Rosewood Way  
CITY-ST-ZIP P.B. Gardens FL 33418

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: Robert F. Lauritzen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-2000

Date

561 775-1917

Daytime Phone #

CR2E034 (9/99)