

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035998

1. Entity Name

ADVANCED PEST CONTROL, INC.

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90079 039 ***150.00

Principal Place of Business
1602 ROSEWOOD WAY
SUITE 100
PALM BEACH GARDENS FL 33418

Mailing Address
1602 ROSEWOOD WAY
SUITE 100
PALM BEACH GARDENS FL 33418

022502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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

6. Name and Address of Current Registered Agent
LAURITZEN, ROBERT F
1602 ROSEWOOD WAY
PALM BEACH GARDENS FL 33418

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 *Robert F Lauritzen* DATE 1/31/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAURITZEN, ROBERT F	
STREET ADDRESS	1602 ROSEWOOD WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	GOSNEY, SCOTT	
STREET ADDRESS	3807 WOODS WALK BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAURITZEN, DORIS	
STREET ADDRESS	1602 ROSEWOOD WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* Date 1/31/01 561-775-1917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)