

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90194 035 \*\*\*550.00

**DOCUMENT # P99000035998**

1. Entity Name

**ADVANCED PEST CONTROL, INC.**

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**

2. Principal Place of Business

**3111 Fortune Way**

3. Mailing Address

**3111 Fortune Way**

Suite, Apt. #, etc.

**Suite - B-15**

Suite, Apt. #, etc.

**Suite B-15**

City & State

**Wellington Fl.**

City & State

**Wellington Fl.**

Zip

**33414**

Country

**W.P. Beach**

Zip

**33414**

Country

**W.P. Beach**

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

**LAURITZEN, ROBERT F  
 1602 ROSEWOOD WAY  
 PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name **Robert F Lauritzen**

Street Address (P.O. Box Number is Not Acceptable)

**139 COVENTRY PLACE**

City

**Palm Beach 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert Lauritzen pres.**

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

**Robert Lauritzen Pres.**

(NOTE: Registered Agent signature required when instituting)

**7-8-02**

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 \$550.00**

**After September 13, 2002 Fee will be \$750.00  
 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	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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	139 COVENTRY PLACE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	139 COVENTRY PLACE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 8 2002 561-790-2843**

Date

Daytime Phone #

CR2E034 (4/02)