

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90030 035 ***150.00

DOCUMENT # P99000036361

1. Entity Name

WALKER PEST CONTROL & EXTERMINATING CO., INC.

Principal Place of Business

Mailing Address

9553 LINGWOOD TRAIL
 ORLANDO FL 32817

9553 LINGWOOD TRAIL
 ORLANDO FL 32817-1869

2. Principal Place of Business

3. Mailing Address

4960 oak Avenue

4960 oak Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Park FL

Winter Park FL

Zip

Country

Zip

Country

32792 Orange

Orange

32792

orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, W. RILEY
6079 LINNEAL BEACH DR
APOPKA FL 32703

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** Delete
 NAME: **PASCOE-WALKER, HEATHER**
 STREET ADDRESS: **9553 LINGWOOD TRAIL**
 CITY-ST-ZIP: **ORLANDO FL 32817**

TITLE: **D** Change Addition
 NAME: **WALKER TIMOTHY**
 STREET ADDRESS: **508 Kellygreen Dr.**
 CITY-ST-ZIP: **Orlando, FL 32828**

TITLE: **D** Delete
 NAME: **COOPER, MITCHELL RAY**
 STREET ADDRESS: **2108 ELMCREST PLACE**
 CITY-ST-ZIP: **OVIEDO FL 32765**

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

TITLE: **D** Delete
 NAME: **ALLEN, W. RILEY**
 STREET ADDRESS: **6079 LINNEAL BEACH DR**
 CITY-ST-ZIP: **APOPKA FL 32703**

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

TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Delete
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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00
 Date

Daytime Phone #

CR2E034 (9/99)