

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036361

1. Entity Name

WALKER PEST CONTROL & EXTERMINATING CO., INC.

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

01-27-2000 90030 035 ***150.00

Principal Place of Business

Mailing Address

9553 LINGWOOD TRAIL
ORLANDO FL 32817

9553 LINGWOOD TRAIL
ORLANDO FL 32817-1869

2. Principal Place of Business

4960 oak Avenue

3. Mailing Address

4960 oak Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32792

Country

Orange

Zip

32792

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)