

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036933

1. Entity Name

CROSS COUNTRY EXTERMINATORS OF PANAMA CITY, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90137 013 ***150.00

Principal Place of Business

Mailing Address

1187 MAIN STREET
CHIPLEY FL 32428

1187 MAIN STREET
CHIPLEY FL 32428-2466

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

59-3580545

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

ROGER L. LANEY, III, P.A.

Street Address (P.O. Box Number is Acceptable)

P.O. BOX 86

1378 N. RAILROAD AVE.

CHIPLEY, FL 32428

City

(904) 638-4961

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] ROGER L LANEY III

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

(NOTE: Registered Agent signature required when reinstating)

3/13/00

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	<input type="checkbox"/> Delete
NAME	BURKE, RICHARD D	
STREET ADDRESS	1187 MAIN STREET	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, LARRY M	
STREET ADDRESS	3237 LAKESHORE DRIVE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature] Larry Kirkland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 763-7376

Date

Daytime Phone #

CR2E034 (9/99)