

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037959

1. Entity Name

FATHER AND SON PEST CONTROL SERVICE, INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90154 023 ***150.00

952057



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7400 PARROTT DRIVE PORT RICHEY FL 34668	Mailing Address 7400 PARROTT DRIVE PORT RICHEY FL 34673-0455
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2. Principal Place of Business 7105 Bramblewood dr. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 455 Suite, Apt. #, etc.
City & State Port Richey FLA	City & State Port Richey Fla
Zip 34668	Country PASCO
Country PASCO	Zip 34673-0455
Country PASCO	Country PASCO

4. FEI Number 59-3575237	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BIERWEILER, RAYMOND H
9039 LITTLE ROAD
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
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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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1. OFFICER/DIRECTOR HOLT, MICHAEL LYNN 7400 PARROTT DRIVE PORT RICHEY FL 34668	<input type="checkbox"/> Delete	12. ADDITION/CHANGE Holt Michael L 7105 Bramblewood drive Port Richey Fla 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. OFFICER/DIRECTOR	<input type="checkbox"/> Delete	12. ADDITION/CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. OFFICER/DIRECTOR	<input type="checkbox"/> Delete	12. ADDITION/CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. OFFICER/DIRECTOR	<input type="checkbox"/> Delete	12. ADDITION/CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. OFFICER/DIRECTOR	<input type="checkbox"/> Delete	12. ADDITION/CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. OFFICER/DIRECTOR	<input type="checkbox"/> Delete	12. ADDITION/CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information stated 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 signed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael L Holt

Michael L Holt

CR2E034 (9/99)