

2000 UNIFORM BUSINESS REPORT (UBR)

2/8

FILED

Apr 26, 2000 8:00 am
Secretary of State

02-08-2000 90160 008 ***150.00

DOCUMENT # P99000041681

1. Entity Name

STATEWIDE PEST CONTROL SERVICES, INC.

Principal Place of Business

P.O. BOX 45
BOCA GRANDE FL 33921

Mailing Address

P.O. BOX 45
BOCA GRANDE FL 33921-0045

2. Principal Place of Business

371 PARK AVENUE

Suite, Apt. #, etc.

Room K

3. Mailing Address

P.O. BOX 1581

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA GRANDE

City & State

BOCA GRANDE FL 33921

4. FEI Number

65-0928237

Applied For

Not Applicable

Zip

33921

Country

USA

Zip

33921

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, ROBERT F
105 1ST STREET
BOCA GRANDE FL 33921

7. Name and Address of New Registered Agent

Name

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

371 PARK AVENUE

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

Robert F. Sullivan

2/2/00

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 Added to Fee

11. OFFICERS AND DIRECTORS

TITLE **ROBERT SULLIVAN** ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **371 PARK AVENUE**
CITY-ST-ZIP **BOCA GRANDE, FL 33921**

TITLE **Merritt Danna** ☐ Delete
NAME **VICE PRESIDENT**
STREET ADDRESS **371 PARK AVENUE**
CITY-ST-ZIP **BOCA GRANDE, FL 33921**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert F. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #