

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065732

1. Entity Name

KERRY'S PEST CONTROL, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90016 005 ***158.75

Principal Place of Business

Mailing Address

1456 S. BETTY LANE
CLEARWATER FL 33756

1456 S. BETTY LANE
CLEARWATER FL 33756-2244

2. Principal Place of Business

1456 S Betty Ln
Suite, Apt. #, etc.

3. Mailing Address

1456 S Betty Ln
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLWR, FL

City & State

CLWR, FL

4. FEI Number

59-3589717

Applied For

Not Applicable

Zip

33756

Country

US

Zip

33756

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, KERRY
1456 S. BETTY LANE
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

KERRY MARTIN

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

1456 Betty Ln S

City

CLWR FL

FL

Zip Code

33756

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

Kerry Martin

Kerry Martin

3-20-00

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTIN, KERRY
STREET ADDRESS 1456 S. BETTY LANE
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE VP
NAME MARTIN, KATHLEEN
STREET ADDRESS 1456 S. BETTY LANE
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Kerry Martin

3-20-00 727-4476045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-1012 (1/98)