

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90415 032 ***150.00

DOCUMENT # P99000071806

1. Entity Name
NASSAU PEST MANAGEMENT SERVICES, INC.



Principal Place of Business
305-2 NORTH KINGS RD.
CALLAHAN FL 32011

Mailing Address
P.O. BOX 58
BRYCEVILLE FL 32009

2. Principal Place of Business
1818 S. KINGS RD

3. Mailing Address
SAME

Suite, Apt. #, etc.
2

Suite, Apt. #, etc.

City & State
Callahan, FL

City & State

Zip
32011

Country
USA

Zip

Country

4. FEI Number **59-3592679**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PROM, JOHN P
305-2 NORTH KINGS RD.
CALLAHAN FL 32011

NEW (911) ADDRESS (SAME OFFICE SPACE)

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1818 S. KINGS RD.

CALLAHAN

City

FL

Zip Code
32011

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOHN P. PROM**

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

John P. Prom

(NOTE: Registered Agent signature required when reinstating)

4/17/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROM, JOHN P RT. 2 BOX 50 BRYCEVILLE FL 32009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROM, GINA L RT. 2 BOX 50 BRYCEVILLE FL 32009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **John P. Prom**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

904-879-9090

Daytime Phone #

CR2E034 (10/02)