

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

0519806

DOCUMENT # P99000084172

1. Entity Name

COMMERCIAL TERMITE SERVICES, INC.

02-01-2001 90074 042 ***150.00

Principal Place of Business

Mailing Address

13654 - N. 12TH STREET, RM. 2A
 TAMPA FL 33613

13654 - N. 12TH STREET, RM. 2A
 TAMPA FL 33613

A0017409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

104 W SENECA AVE

3. Mailing Address

104 W SENECA AVE

Suite, Apt. #, etc.

12

Suite, Apt. #, etc.

12

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3599893

Applied For

Not Applicable

Zip

33612

Country

HILLSBOROUGH

Zip

33612

Country

HILLSBOROUGH

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

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 _____

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, 2001 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: PD
 NAME: PASSAMONTE, JOSEPH F Delete
 STREET ADDRESS: 13654 N. 12TH STREET, RM 2A
 CITY-ST-ZIP: TAMPA FL 33613

TITLE: PD Change Addition
 NAME: PASSAMONTE, JOSEPH H
 STREET ADDRESS: 104 W SENECA AVE #12
 CITY-ST-ZIP: TAMPA, FL 33612

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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

TITLE: Delete
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 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: *Jose Passamonte*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01 813-910-0966
 Date Daytime Phone #

CR2E034 (10/00)