

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102868

1. Entity Name

BUG BUSTER BOB PEST CONTROL, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90051 003 \*\*\*150.00

Principal Place of Business

Mailing Address

10265 63RD AVENUE N.  
SEMINOLE FL 33772

10265 63RD AVENUE N.  
SEMINOLE FL 33772

2. Principal Place of Business

3. Mailing Address

~~10265 63RD AVENUE N.~~  
Suite, Apt. #, etc.

~~10265 63RD AVENUE N.~~  
Suite, Apt. #, etc.

City & State

City & State

SEMINOLE FL.

SEMINOLE, FLORIDA

Zip

Country

Zip

Country

33772

U.S.A.

33772

PINELLAS

4. FEI Number

Applied For

59-3612817

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEILER, ROBERT E  
10265 63RD AVENUE N.  
SEMINOLE FL 33772

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

(NOTE: Registered Agent signature required when reinstating)

4-18-2000

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 ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
FEILER, ROBERT E  
10265 63RD AVENUE N.  
SEMINOLE FL 33772

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FEILER, ROBERT E  
10265 63RD AVENUE N.  
SEMINOLE FL 33772

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE: ROBERT E. FEILER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000

Date

722-393-6626

Daytime Phone #

CR2E034 (9/99)