

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102868

1. Entity Name

BUG BUSTER BOB PEST CONTROL, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90246 013 ***150.00

Principal Place of Business

10265 63RD AVENUE N.
SEMINOLE FL 33772

Mailing Address

10265 63RD AVENUE N.
SEMINOLE FL 33772

2. Principal Place of Business

10265 HOMER
Suite, Apt. #, etc.

3. Mailing Address

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



DO NOT WRITE IN THIS SPACE

City & State

SEMINOLE, FL

City & State

SEMINOLE, FL

4. FEI Number **59-3612817**

Applied For

Not Applicable

Zip

33772

Country

PUERTO RICO

Zip

33772

Country

PUERTO RICO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

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]

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

[Signature]

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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	FEILER, ROBERT E	
STREET ADDRESS	10265 63RD AVENUE N.	
CITY - ST - ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEILER, ROBERT E	
STREET ADDRESS	10265 63RD AVENUE N.	
CITY - ST - ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2001

Date

727-353-6626

Daytime Phone #

CR2E034 (10/00)