

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000103621**

1. Entity Name

S. W. A. T. PEST CONTROL, INC.**FILED****May 16, 2001 8:00 am**
Secretary of State

05-16-2001 90371 047 ***150.00

Principal Place of Business

**4311 TAHITI DR.
SPRING HILL FL 34607**

Mailing Address

**4311 TAHITI DR.
SPRING HILL FL 34607**

A U B R 0 0 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10225 Thayer St
Suite, Apt. #, etc.

3. Mailing Address

10225 Thayer St
Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville FL

4. FEI Number

65-0966045

Applied For

Not Applicable

Zip

34601

Country

Zip

34601

Country

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

**HASLIM, DONALD C
4311 TAHITI DR.
SPRING HILL FL 34607**

Name

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

10225 Thayer St

City

Brooksville,

FL

Zip Code

34601

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 **D** ☐ Delete
NAME **HASLIM, DONALD C**
STREET ADDRESS **4311 TAHITI DR.**
CITY-ST-ZIP **SPRING HILL FL 34607**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10225 Thayer St**
CITY-ST-ZIP **Brooksville FL 34601**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-30-01 X

Date

Daytime Phone #

CR2E034 (10/00)