

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22446

1. Entity Name

THREE RIVER PEST CONTROL, INC.

Principal Place of Business

4369 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32327
US

Mailing Address

P.O. BOX 427
CRAWFORDVILLE FL 32326-0427
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROBERTS, ANDREW L
35 GIBSON RD
SOPCHOPPY FL 32358

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, 2000 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 P
NAME ROBERTS, ANDREW L.
STREET ADDRESS 35 GIBSON RD.
CITY-ST-ZIP SOPCHOPPY FL

☐ Delete

TITLE ST
NAME ROBERTS, CHRISTEL M.
STREET ADDRESS 35 GIBSON RD.
CITY-ST-ZIP SOPCHOPPY FL

☐ Delete

TITLE T
NAME RANDALL, DAVID
STREET ADDRESS 49 JASON ST
CITY-ST-ZIP CRAWFORDVILLE FL 32327

☐ Delete

TITLE VP
NAME EDDINGS, PETE
STREET ADDRESS 200 OTTER LAKE ROAD
CITY-ST-ZIP PANACEA FL 32346

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ 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)(l), 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:

ANDREW L. ROBERTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

850-926-5440

Daytime Phone #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90037 026 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3053791

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

CR2E034 (9/99)