

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S22446**

1. Entity Name

**THREE RIVER PEST CONTROL, INC.**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90079 033 \*\*\*150.00

Principal Place of Business

**4369 CRAWFORDVILLE HWY**  
**CRAWFORDVILLE FL 32327**  
**US**

Mailing Address

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

**B0030267**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3053791**

Applied For

Not Applicable

Zip

Country

Zip

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

**ROBERTS, ANDREW L**  
**35 GIBSON RD**  
**SOPCHOPPY FL 32358**

Name

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

City

**FL**

Zip Code

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

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, 2002 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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROBERTS, ANDREW L.</b> <b>35 GIBSON RD.</b> <b>SOPCHOPPY FL</b> <input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ROBERTS, CHRISTEL M.</b> <b>35 GIBSON RD.</b> <b>SOPCHOPPY FL</b> <input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LARY, TAMMY K</b> <b>11 TRAYNOR COURT</b> <b>CRAWFORDVILLE FL 32327</b> <input checked="" type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>EDDINGS, PETE</b> <b>200 OTTER LAKE ROAD</b> <b>PANACEA FL 32346</b> <input checked="" type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Treasurer Christel M. ROBERTS 35 Gibson Rd Sopchoppy FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>V.P. LARY, Tammy K 11 Traynor Ct Crawfordville FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of Andrew L. Roberts*  
**ROBERTS, ANDREW L.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-7-02 850 926 5440**

Date

Daytime Phone #

CR2E034 (9/01)