

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90233 043 \*\*\*150.00



**DOCUMENT # S52041**

1. Entity Name  
**COLLIER PEST CONTROL, INC.**

Principal Place of Business  
**1852 40 TERR SW  
SUITE D  
NAPLES FL 34116  
US**

Mailing Address  
**1852 40 TERR SW  
SUITE D  
NAPLES FL 34116 ..  
US**



2. Principal Place of Business

3. Mailing Address  
**PO Box 990610**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**NAPLES FL.**

4. FEI Number **65-0262028**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**34116**

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**

**DONOVAN, WILLIAM A., ESQ.  
2664 AIRPORT RD, SOUTH  
NAPLES FL 34112**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>VTDS</b>	<input type="checkbox"/> Delete
NAME	<b>HADLEY, SANDRA D.</b>	
STREET ADDRESS	<b>3390 5TH AVE. NW</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HADLEY, PHILLIP</b>	
STREET ADDRESS	<b>3390 5TH AVE N.W.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
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		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phillip Hadley* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **PHILLIP HADLEY** **2-18-03** **239-455-4300**  
Date Daytime Phone #

CR2E034 (10/02)