

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59663

1. Entity Name

3 D UNIVERSAL PEST, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90040 031 ***150.00

Principal Place of Business

Mailing Address

389 DORSET AVENUE
DELTONA FL 32738

389 DORSET AVENUE
DELTONA FL 32738-9145

2. Principal Place of Business

3. Mailing Address

2745 BIG JOHN DR.

2745 BIG JOHN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELAND FL

DELAND FL

Zip

Country

Zip

Country

32724

USA

32724

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUONGO, CHARLENE FREGOE
389 DORSET AVENUE
DELTONA FL 32738

Name

LUONGO, CHARLENE FREGOE

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

2745 BIG JOHN DR.

DELAND FL. 32724

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

Charlene Fregoe Luongo (Pres)

4/17/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LUONGO, CHARLENE FREGOE
STREET ADDRESS 389 DORSET AVENUE
CITY-ST-ZIP DELTONA FL

TITLE PRESIDENT ☒ Change ☐ Addition
NAME LUONGO, CHARLENE FREGOE
STREET ADDRESS 2745 BIG JOHN DR.
CITY-ST-ZIP DELAND FL. 32724

TITLE D ☐ Delete
NAME LUONGO, PETER III
STREET ADDRESS 389 DORSET AVENUE
CITY-ST-ZIP DELTONA FL

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME LUONGO, PETER III
STREET ADDRESS 2745 BIG JOHN DR.
CITY-ST-ZIP DELAND FL. 32724

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Charlene Fregoe Luongo

4/17/00

904-740-7172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #