

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87384

1. Entity Name

TRU-CARE TERMITE & PEST CONTROL, INC.

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90042 047 \*\*\*150.00

Principal Place of Business

Mailing Address

12155 METRO PARKWAY  
27A  
FT MYERS FL 33912  
US

12155 METRO PARKWAY  
27A  
FT MYERS FL 33919-3526  
US

2. Principal Place of Business

3. Mailing Address

6258 Residential Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

City & State

City & State

Ft Myers FL

City & State

Zip

Country

Zip

Country

33919

US

4. FEI Number 65-0285578

Applied For  
Not Applicable

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

MAROTI, SANDRA D  
21620 N RIVER RD  
ALVA FL 33920

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME MAROTI, EDWARD L. SR.  
STREET ADDRESS 21620 N RIVER ROAD  
CITY-ST-ZIP ALVA FL

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

TITLE O ☐ Delete  
NAME HALL, JAMES R.  
STREET ADDRESS 15489 SPRINGLINE LN  
CITY-ST-ZIP FT MYERS FL

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

TITLE O ☐ Delete  
NAME MAROTI, SANDRA D  
STREET ADDRESS 21620 N RIVER RD  
CITY-ST-ZIP ALVA FL

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

TITLE O ☐ Delete  
NAME HALL, C. B  
STREET ADDRESS 1448 ALWYNNE DRIVE NORTH  
CITY-ST-ZIP LEHIGH ACRES FL 33936

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

(941) 690-9812

Daytime Phone #