

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90049 027 ***150.00

DOCUMENT # **S87384**

1. Entity Name
TRU-CARE TERMITE & PEST CONTROL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6258 PRESIDENTIAL CT #102 FORT MYERS FL 33919 US

2. Principal Place of Business 3. Mailing Address
14020 Palm Beach Blvd Suite, Apt. #, etc.

City & State **FT MYERS FL** City & State **FT MYERS FL**
 Zip **33905** Country **LEE** Zip **33905** Country **LEE**

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
MAROTI, SANDRA D
21620 N RIVER RD
ALVA FL 33920

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]* **EDWARD L. MAROTI SR** DATE **4-4-02**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 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

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MAROTI, EDWARD L. SR. | |
| STREET ADDRESS | 21620 N RIVER ROAD | |
| CITY-ST-ZIP | ALVA FL 33920 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HALL, JAMES R. | |
| STREET ADDRESS | 15489 SPRINGLINE LN | |
| CITY-ST-ZIP | FT-MYERS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MAROTI, SANDRA D | |
| STREET ADDRESS | 21620 N RIVER RD | |
| CITY-ST-ZIP | ALVA FL 33920 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALL, C. B | |
| STREET ADDRESS | 1448 ALWYNNE DRIVE NORTH | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *[Signature]* DATE: **4-4-02** DAYTIME PHONE #: **239-591-9812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)