

# 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.**

Principal Place of Business

6258 PRESIDENTIAL CT  
 #102  
 FORT MYERS FL 33919  
 US

Mailing Address

6258 PRESIDENTIAL CT  
 #102  
 FORT MYERS FL 33919  
 US

2. Principal Place of Business

14020 Palm Beach Blvd  
 Suite, Apt. #, etc.

3. Mailing Address

14020 Palm Beach Blvd  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT MYERS FL

City & State

FT MYERS FL

4. FEI Number

65-0285578

Applied For

Not Applicable

Zip

33905

Country

LEE

Zip

33905

Country

LEE

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, 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, 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 NAME P  
 STREET ADDRESS MAROTI, EDWARD L. SR.  
 CITY-ST-ZIP 21620 N RIVER ROAD  
 ALVA FL 33920 ☐ Delete

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

TITLE NAME D  
 STREET ADDRESS MAROTI, SANDRA D  
 CITY-ST-ZIP 21620 N RIVER RD  
 ALVA FL 33920 ☐ Delete

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

44-02 239 591-9812

CR2E034 (9/01)