

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S90233**

1. Entity Name

ALL SAFE TERMITE & PEST CONTROL, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90002 038 ***158.75

Principal Place of Business

830 N.E. 2ND ST.
OCALA FL 34470
US

Mailing Address

830 N.E. 2ND ST.
OCALA FL 34478-6269
US

00014013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1705 SE Fort King St
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6269
Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number 59-2092663

Applied For
Not Applied5. Certificate of Status Desired ☒**\$8.75** Additional
Fee RequiredZip
34471

Country

Marion

Zip

34478

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWREY, WALTON E
2014 S.E. 3RD PLACE
OCALA FL 34471

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIPP
LOWREY, WALTON E
2014 S.E. 3RD PLACE
OCALA FL 34471☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPV
LOWREY, JULIE
2014 S.E. 3RD PLACE
OCALA FL 34470☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AddTITLE
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CITY-ST-ZIP☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Add

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #