

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91874

1. Entity Name

MID-STATE PEST CONTROL, INC.

Principal Place of Business

1214 8TH AVE
LEHIGH ACRES FL 33972

Mailing Address

1214 8TH AVE
LEHIGH ACRES FL 33972

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0292480

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

NELSON, JOHN W.
1214 8TH AVE
LEHIGH ACRES FL 33972

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, 2001 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

T
TITLE NAME BEVERLY J NELSON
STREET ADDRESS 1214 8TH AVE
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☒ Delete

P
TITLE NAME NELSON, JOHN W
STREET ADDRESS 1214 8TH AVE
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Change ☐ Addition

000003575900--0
-01/26/01--01022--021
****150.00 ****150.00 ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

KE ☐ Change ☐ Addition

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

1-11-01

Date

Daytime Phone #

941-369-2212

CR2E034 (10/00)

FILED
01 JAN 17 PM 12:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE