

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S98300**

1. Entity Name

**TEMPCO PEST CONTROL INC.****FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90328 013 \*\*\*150.00

0542183

Principal Place of Business

10911 BONITA BEACH RD  
2062  
BONITA SPRINGS FL 34135  
US

Mailing Address

P.O. BOX 1342  
BONITA SPRINGS FL 33959

2. Principal Place of Business

10932 K-9 Dr. ~~unit 664~~  
Suite, Apt. #, etc.  
UNIT 6 G+H

3. Mailing Address

PO Box 1342  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Bonita Springs FL

City &amp; State

Bonita Springs FL

4. FEI Number

65-0272657

Applied For

Not Applicable

Zip

34135

Country

USA

Zip

34133-1342

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RYAN, JOHN E  
17941 BERMUDA DUNES DR  
FT MYERS FL 33912

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, 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

TITLE P  
NAME RYAN, MICHAEL P. ☐ Delete  
STREET ADDRESS 11115 LAKELAND CIRCLE  
CITY-ST-ZIP FT MYERS FL 33913TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP  
NAME HARDING, SCOTT E. ☐ Change ☒ Addition  
STREET ADDRESS 6430 ARBOR AVENUE  
CITY-ST-ZIP FT MYERS FL 33905TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 like empowered.

SIGNATURE: *Michael P Ryan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-01

Date

941-992-0027

Daytime Phone #

CR2E034 (10/00)