

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V25166**

1. Entity Name
SOUTHEASTERN TERMITE & PEST, INC.

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90022 045 ***158.75

Principal Place of Business
2669 FOREST HILL BLVD
SUITE 230
WEST PALM BEACH FL 33406
US

Mailing Address
2669 FOREST HILL BLVD
SUITE 230
WEST PALM BEACH FL 33406
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0321162**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

904956



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAENZ, CELSO
1853 BELL LANE
WEST PALM BEACH FL 33406

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	SAENZ, JESSICA	
STREET ADDRESS	1853 BELL LANE	
CITY-ST-ZIP	WPB FL 33406	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAENZ, ALEXANDER	
STREET ADDRESS	1853 BELL LANE	
CITY-ST-ZIP	WPB FL 33406	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAENZ, JESSICA	
STREET ADDRESS	1853 BELL LANE	
CITY-ST-ZIP	WPB FL 33406	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAENZ, ALEXANDER	
STREET ADDRESS	1853 BELL LANE	
CITY-ST-ZIP	WPB FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAENZ, CELSO	
STREET ADDRESS	1853 BELL LANE	
CITY-ST-ZIP	WPB FL 33406	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMA SAENZ	
STREET ADDRESS	1853 BELL LANE	
CITY-ST-ZIP	WPB FL 33406	
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 all other like empowered.

SIGNATURE: *[Signature]*

REQUIRED **ALEXANDER SAENZ** (561)
Sec. **01/04/02** **964-4662**
Date Daytime Phone #

CR2E034 (9/01)