

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90025 043 \*\*\*150.00

0484973

**DOCUMENT # V31118**

1. Entity Name

**PALM BAY PEST SERVICES, INC.**

Principal Place of Business

**462 S.E. HATCHER ST  
PALM BAY FL 32909  
US**

Mailing Address

**462 S.E. HATCHER ST.  
PALM BAY FL 32909  
US****00031357**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**831 ALESO ROAD SE**

Suite, Apt. #, etc.

3. Mailing Address

**POST OFFICE BOX 100395**

Suite, Apt. #, etc.

City &amp; State

**PALM BAY, FLORIDA**

City &amp; State

**PALM BAY, FLORIDA**

4. FEI Number

**59-3119603**

Applied For

Not Applicable

Zip

**32909**

Country

**BRUNED**

Zip

**32910-0395**

Country

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

6. Name and Address of Current Registered Agent

**BARNETTE, DIXIE LEE  
462 SE HATCHER STR  
PALM BAY FL 32909**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1629 COUNTRY COVE CIRCLE**

City

**MOLOBAR****FL**

Zip Code

**32950-3355**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**P  
BARNETTE, DIXIE LEE  
462 SE HATCHER STR  
PALM BAY FL**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**1629 COUNTRY COVE CIRCLE  
MOLOBAR, FL 32950-3355**☒ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

☐ 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

**4-1-01**

Date

**321-725-3662**

Daytime Phone #

CR2E034 (10/00)