

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90080 037 ***150.00

DOCUMENT # V43317

1. Entity Name

AFFORDABLE TERMITE AND PEST CONTROL, INC.

Principal Place of Business

1720 EL JOBEAN RD
#201
PORT CHARLOTTE FL 33948
US

Mailing Address

1720 EL JOBEAN RD
#201
PORT CHARLOTTE FL 33948
US

UUUUU6769



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19800 Veterans Blvd

Suite, Apt. #, etc.

C-7

City & State

Port Charlotte, Fl.

Zip

33954

Country

USA

3. Mailing Address

19800 Veterans Blvd.

Suite, Apt. #, etc.

C-7

City & State

Port Charlotte, Fl.

Zip

33954

Country

USA

4. FEI Number

65-0340645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PANNHORST, CHARLES W. JR.
3037 ROCK CREEK DR
PORT CHARLOTTE FL 33948

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** ☐ Delete
NAME **PANNHORST, CHARLES**
STREET ADDRESS **3037 ROCK CREEK DR**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **VPT** ☐ Delete
NAME **PANNHORST, JONI**
STREET ADDRESS **3037 ROCK CREEK DR.**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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:

Joni L. Pannhorst

Joni L. Pannhorst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01

941-624-6700

Date Daytime Phone #

CR2E034 (10/00)

0537375