**FILED**
**Aug 20, 2002 8:00 am**
**Secretary of State**
07-24-2002 90189 016 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49912

1. Entity Name
PESCO PEST & TERMITE SERVICES ✓

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 310 NEW LONDON CT | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. SAME |
| City & State BRANDON FL | City & State SAME |
| Zip 33510 Country USA | Zip SAME Country |

11501

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3132032 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CECIL MARTIN

Street Address (P.O. Box Number is Not Acceptable) 4408 OAK RIVER CIR

City VALRICO FL Zip Code 33594

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) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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<br>NAME MARTIN CECIL<br>STREET ADDRESS 4408 OAK RIVER CIRCLE<br>CITY-ST-ZIP VALRICO FL 33594 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE DV<br>NAME MARTIN ANIQUE<br>STREET ADDRESS 4408 OAK RIVER CIR<br>CITY-ST-ZIP VALRICO FL 33594 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Anique Martin ANIQUE MARTIN 7-19-02 8136855349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #