

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90168 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # V73217**  
 1. Entity Name  
**CHETS PEST CONTROL OF ORLANDO, INC.**

Principal Place of Business <b>284 E.S.R. 434 LONGWOOD FL 32750</b>	Mailing Address <b>284 E.S.R. 434 LONGWOOD FL 32750</b>
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **59-3177718** Applied For  Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b>  <b>ROWLAND, CLARENCE E III 2112 W. WATERS AVE. TAMPA FL 33604</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>16132 Armistead Lane</b> City <b>Odessa</b> <b>FL</b> Zip Code <b>33556</b>
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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 *Clarence Rowland* (NOTE: Registered Agent signature required when reinstating) DATE 4-4-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROWLAND, CLARENCE E III</b> <b>286 E.S.R. 434</b> <b>LONGWOOD FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16132 Armistead Lane</b> <b>Odessa FL 33556</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Clarence Rowland* DATE 4-4-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)