

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90152 023 ***150.00

DOCUMENT # P01000103932

1. Entity Name
SCIENTIFIC CONSULTANTS ON PEST ELIMINATION, INC.

Principal Place of Business Mailing Address
~~4626 DARLINGTON RD.~~ **5036 Plantation Dr** **5036 PLANTATION DRIVE**
HOLIDAY FL 34690 **HOLIDAY FL 34690**

2. Principal Place of Business 3. Mailing Address
5036 PLANTATION DR **5036 Plantation Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HOLIDAY FL **HOLIDAY FL**
Zip Country Zip Country
34690 PASCO **34690 PASCO**

4. FEI Number Applied For
59 3084672 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOUCHTON, C. A.
5036 PLANTATION DRIVE
HOLIDAY FL 34690

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 *Carolyn Touchton* 1-10-02
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. ☐ **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 ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **TOUCHTON, KEVIN L**
STREET ADDRESS **5036 PLANTATION DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE ☐ Delete
NAME **TOUCHTON, CAROLYN A**
STREET ADDRESS **5036 PLANTATION DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34690**

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: *Carolyn Touchton* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 727 942-3532
Date Daytime Phone #

CR2E034 (9/01)