

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90210 002 ***150.00

DOCUMENT # P00000013067

1. Entity Name
EAST COAST PEST MANAGEMENT, INC.

Principal Place of Business
10220 BOYNTON PLACE CIRCLE
BOYNTON BEACH FL 33437

Mailing Address
10220 BOYNTON PLACE CIRCLE
BOYNTON BEACH FL 33437

2. Principal Place of Business
10224 Boynton Place Cir.
 Suite, Apt. #, etc.

3. Mailing Address
10224 Boynton Place Cir.
 Suite, Apt. #, etc.

City & State
Boynton Bch. FL.
Zip
33437

City & State
Boynton Bch. FL.
Zip
33437

4. FEI Number **65-0995645**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

MALUSKY, LENNY
10220 BOYNTON PLACE CIRCLE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name **SAME Lenny Malusky**
Street Address (P.O. Box Number is Not Acceptable) **10224 Boynton Place Cir.**
City **Boynton Beach** **FL** **Zip Code** **33437**

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 Lenny Malusky President 4/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VP	☐ Delete
NAME	MALUSKY, LENNY	
STREET ADDRESS	10220 BOYNTON PLACE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
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		
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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Lenny Malusky **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 561-732-7089
Date Daytime Phone #

CR2E034 (9/01)