

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034521

1. Entity Name

INTERCONTINENTAL PEST CONTROL INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90095 016 ***150.00

Principal Place of Business

Mailing Address

367 W 29TH ST
 HIALEAH FL 33012
 US

367 W 29TH ST
 HIALEAH FL 33012-5707
 US

2. Principal Place of Business

3. Mailing Address

345 NW 170 Street
 Suite, Apt. #, etc.

345 NW 170 Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH

City & State

NORTH MIAMI BEACH

4. FEI Number

65-0577464

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33169

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLDER, IAN

~~367 W 29 ST~~
~~HIALEAH FL 33012~~

Name

Street Address (P.O. Box Number is Not Acceptable)

345 NW 170 Street

City

NORTH MIAMI BEACH

FL

Zip Code

33169

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

3-23-2000

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, 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	<input type="checkbox"/> Delete
P	HOLDER, IAN	367 W 29 ST 345 NW 170 St	HIALEAH FL NORTH MIAMI BEACH, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-2000

Date

305-987-6500

Daytime Phone #

CR2E034 (9/99)