

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90076 005 \*\*\*150.00

**DOCUMENT # P95000090406**

1. Entity Name

**BUGS RX PEST CONTROL INC.**

Principal Place of Business

Mailing Address

9470 TANGERINE PL  
 #408  
 FT LAUDERDALE FL 33324  
 US

9470 TANGERINE PL  
 #408  
 FT LAUDERDALE FL 33324-4484  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0624869**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HEISS, WILLIAM V~~  
 2671 S/W 87 TR.  
 DAVIE FL 33328

Name Heiss, William V  
 Street Address (P.O. Box Number is Not Acceptable) 9470 TANGERINE PL #408  
 City FT lauderdale FL Zip Code 33324

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 William V Heiss

William V Heiss

2-16-00

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)

**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	P	<input type="checkbox"/> Delete
NAME	HEISS, WILLIAM V	
STREET ADDRESS	2671 S/W 87 TR.	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEISS, CYNTHIA L	
STREET ADDRESS	2671 S/W 87 TR.	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HEISS, PATRICIA E	
STREET ADDRESS	2671 S/W 87 TR.	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heiss, William V	
STREET ADDRESS	9470 TANGERINE PL #408	
CITY-ST-ZIP	FT lauderdale FL 33324	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heiss, Cynthia L	
STREET ADDRESS	7650 W McNab Rd -117-7	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heiss, Patricia E	
STREET ADDRESS	9470 TANGERINE PL #408	
CITY-ST-ZIP	FT lauderdale FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: William V Heiss **William V HEISS** 2-16-00 (954) 472-9673  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)