

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

0118204 AT

DOCUMENT # P98000106944

1. Entity Name
F & F FUMIGATION, INC.

Principal Place of Business: **3400 MCINTOSH ROAD FORT LAUDERDALE FL 33316**

Mailing Address: **P.O. BOX 21031 FT LAUDERDALE FL 33335**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0891806**

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

6. Name and Address of Current Registered Agent
SNYDER, WILLIAM A ESQ
7831 S.W. 45TH STREET
DAVIE FL 33328-3099

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 _____ DATE _____

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. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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	D ROGACKI, FRED C P.O. BOX 21031 FORT LAUDERDALE FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: FRED C. ROGACKI **7/30/01** **954-524-1133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)



FUMIGATION, INC
P.O. BOX 21184
FT. LAUDERDALE, FL 33335

Attachment
#P98000106944
B0061483

July 30, 2001

Florida Dept. of State
Division of Corporation
Uniform Business Report Filing
P.O.Box 1500
Tallahassee, FL 32302-1500

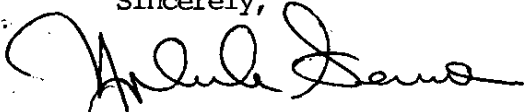
Dear Sir:

This letter is to inform you that our company never received the original Uniform Business Report. We are asking that the late fee be waived since we did not receive the first report.

We have enclosed our check for \$ 150.00 and the completed report that was recently received in our office.

Thanking you in advance for your cooperation regarding this matter.

Sincerely,


Yolanda Serrano
F & F FUMIGATION, INC.