

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V32823

1. Entity Name

PRO-KIL PEST CONTROL, INC.

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90067 016 ***150.00

Principal Place of Business

7154 NORTH UNIVERSITY DRIVE #238
TAMARAC FL 33321

Mailing Address

7154 NORTH UNIVERSITY DRIVE #238
TAMARAC FL 33321

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0329320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAMBELLA, EDWARD
3050 N.E. 43RD ST.
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **PICCARRETA JEFFREY A**

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

5163 NW 100th AVE

City **CORAL SPRINGS**

FL

Zip Code **33076**

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PICCARRETA, JEFFREY A.**
STREET ADDRESS **5022 NW 89 WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **VP** ☒ Delete
NAME **PICCARRETA, TERESA A.**
STREET ADDRESS **5022 NW 89 WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

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 **P** ☒ Change ☐ Addition
NAME **PICCARRETA Jeffrey A.**
STREET ADDRESS **5163 NW 100th AVE**
CITY-ST-ZIP **CORAL SPRINGS FLA 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)