

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001966

**Entity Name:** CERTIFIED PEST CONTROL OPERATORS OF FLORIDA, INC.

**Current Principal Place of Business:**

6635 W COMMERCIAL BLVD  
SUITE 201  
TAMARAC, FL 33319

**Current Mailing Address:**

6635 W COMMERCIAL BLVD  
SUITE 201  
TAMARAC, FL 33319

**FEI Number:** 65-0572961

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKERS, MICHAEL  
6635 W COMMERCIAL BLVD  
SUITE 201  
TAMARAC, FL 33319 US

*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:** MICHAEL BECKERS

06/10/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SKLAROFF, WILLIAM  
Address 6635 W COMMERCIAL BLVD  
SUITE 201  
City-State-Zip: TAMARAC FL 33319  
  
Title ED  
Name BECKERS, MICHAEL  
Address 6635 W COMMERCIAL BLVD #201  
City-State-Zip: TAMARAC FL 33319

Title PRESIDENT  
Name BARTLEY, JAMES  
Address 186 BENT ARROW  
SUITE 201  
City-State-Zip: JUPITER, FL 33458  
  
Title GENERAL MANAGER  
Name USHA, TERRI  
Address 6635 W COMMERCIAL BLVD  
SUITE 201  
City-State-Zip: TAMARAC FL 33319

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERRI USHA

GENERAL MANAGER

06/10/2020

Electronic Signature of Signing Officer/Director Detail

Date